

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000014102

**FILED**  
**Nov 04, 2008**  
**Secretary of State**

**Entity Name:** HYPERION DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

724 NE 2ND AVENUE  
MIAMI, FL 33132 US

**New Principal Place of Business:**

888 BISCAYNE BLVD  
201  
MIAMI, FL 33132 US

**Current Mailing Address:**

724 NE 2ND AVENUE  
MIAMI, FL 33132 US

**New Mailing Address:**

888 BISCAYNE BLVD  
201  
MIAMI, FL 33132 US

**FEI Number:** 20-8586709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PARDO & GAINSBURG, LLP  
2 SOUTH BISCAYNE BLVD  
2475  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** ELISSA GAINSBURG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** VECSLER, ROBERT  
**Address:** 724 NE 2ND AVENUE  
**City-St-Zip:** MIAMI, FL 33132 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** VECSLER, ROBERT  
**Address:** 888 BISCAYNE BLVD  
**City-St-Zip:** MIAMI, FL 33132 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** ROBERT VECSLER

MGRM

11/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date