

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000026032

FILED
Apr 03, 2009
Secretary of State

Entity Name: TONGASS RIDGE HOLDINGS, LLC

Current Principal Place of Business:

1570 MADRUGA AVENUE, SUITE 407
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

% CIBRAN ELJAEK & LOPEZ, P.L.
2601 SOUTH BAYSHORE DRIVE, SUITE #700
COCONUT GROVE, FL 33133

New Mailing Address:

C/O MELLAW REGISTERED AGENTS
2601 SOUTH BAYSHORE DRIVE, SUITE #700
COCONUT GROVE, FL 33133

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

CIBRAN ELJAEK & LOPEZ, P.L.
2601 SOUTH BAYSHORE DRIVE, SUITE #700
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

MELLAW REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, SUITE #700
COCONUT GROVE, FL 33133 US

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: SANTIAGO ELJAEK III, MGR

04/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PORRY, WILLIAM J
Address: 11301 SW 93 ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM PORRY

MGR

04/03/2009

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