

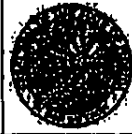
2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP 23 AM 8:39

DOCUMENT # L07000028686

1. Entity Name
SG 44, LLC



Principal Place of Business
12 TAHITI BEACH ISLAND ROAD
CORAL GABLES, FL 33143

Mailing Address
12 TAHITI BEACH ISLAND ROAD
CORAL GABLES, FL 33143

08



2. Principal Place of Business - No P.O. Box #
1691 NW 107th Ave.

3. Mailing Address
1691 NW 107th Ave.

07282009 REIN-LLC CR2E101 (1/07)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
20-8661427

Applied For
Not Applicable

Zip
33172

Country
USA

Zip
33172

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146

BK

Name
Street Address (P.O. Box Number is Not Acceptable)

City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

Atrium Registered Agents, Inc.
by: Robert A. Stamen, VP

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GAJWANI, SURESH
12 TAHITI BEACH ISLAND ROAD
CORAL GABLES, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GAJWANI, SURESH
1691 NW 107th Ave,
Miami, FL 33172 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT

600160981746
09/24/09--01001--015 **277.50

2008-2009