

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000043015

**FILED**  
**Nov 24, 2009**  
**Secretary of State**

**Entity Name:** GZI REAL ESTATE SALES & MARKETING LLC

**Current Principal Place of Business:**

11900 BISCAYNE BLVD., STE. 270  
MIAMI, FL 33181

**New Principal Place of Business:**

1135 KANE CONCOURSE  
4TH FLOOR  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

1250 101 ST  
BAY HARBOR ISLAND, FL 33154

**New Mailing Address:**

1250 101 ST  
BAY HARBOR ISLANDS, FL 33154

FEI Number: 65-1303381      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

BUTTICE, PABLO  
1250 101 ST STREET  
BAY HARBOUR IS, FL 33154      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: PABLO BUTTICE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: PIMENTA, HERCULES SR  
Address: 16900 NORTH BAY RD #2402  
City-St-Zip: SUNNY ISLE, FL 33160

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: RAINER, CAROLINA MRS  
Address: 1250 101 ST  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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: CAROLINA RAINER

MRS

11/24/2009

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