

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000060069

1. Entity Name
BUTTERFLY CAPITAL INVESTMENTS L.L.C.



FILED
08 NOV -4 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3637 SUMMERWIND CIR.
BRADENTON, FL 34209

Mailing Address
3637 SUMMERWIND CIR.
BRADENTON, FL 34209

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10282008 REIN-LLC CR2E101 (1/07)

4. FEI Number

75-3244714

Applied For

Not Applicable

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

CRISP, PARK P
4509 14TH ST. WEST
BRADENTON, FL 34207

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.

SIGNATURE CRISP, PARK P.

10/28/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME MACCHIAVELLO, ANDRES
STREET ADDRESS 3637 SUMMERWIND CIR.
CITY-ST-ZIP BRADENTON, FL 34209

☐ Change ☐ Addition
000137567700
11/03/08--01043--009 **138.75

TITLE MGRM ☐ Delete
NAME SCHIANTARELLI, JUAN FERNANDO
STREET ADDRESS 30014 SHARP ROAD
CITY-ST-ZIP CASTAIC, CA 91384

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

REINSTATEMENT
2008

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

10/28/08

Date

941 795 4195

Daytime Phone #