

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000065688

1. Entity Name  
CHRYSLIS GROWTH 15.15, LLC



Principal Place of Business  
550 11TH STREET, SUITE 211  
MIAMI BEACH, FL 33139

Mailing Address  
550 11TH STREET, SUITE 211  
MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #  
2829 Indian Creek Dr.

3. Mailing Address  
2829 Indian Creek Dr.

Suite, Apt. #, etc.  
Apt #1403

Suite, Apt. #, etc.  
Apt #1409

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

Zip  
33140

Country  
USA

Zip  
33140

Country  
USA

10292008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
26-0378500

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

JOHNSON, DAVID P ESQ  
2201 RINGLING BOULEVARD, SUITE 104  
SARASOTA, FL 34237

Name  
Mohammad Shaygan

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

2829 Indian Creek Dr #1403

City Miami Beach FL Zip Code 33140

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Dec. 15/2008

FILE NOW!!! FEE IS \$238.75  
After January 1, 2009, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHAYGAN, MOHAMMAD  
#2A - CAMINO REAL  
PANAMA CITY PANAMA, ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900139175554 ☒ Change ☐ Addition  
12/19/08--01045--022 \*\*238.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
12/19/08--01045--023 \*\*5.00

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

Dec. 15/2008

Date

01150766188403

Daytime Phone #