

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000071647

1. Entity Name  
RIBO INVESTMENTS II LLC



FILED

09 MAR 12 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2627 SOUTH BAYSHORE DR  
902  
COCONUT GROVE, FL 33133 US

Mailing Address  
2627 SOUTH BAYSHORE DR  
902  
COCONUT GROVE, FL 33133 US

2. Principal Place of Business - No P.O. Box #  
2627 SOUTH BAYSHORE DR.

3. Mailing Address  
2627 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.  
SUITE # 801

Suite, Apt. #, etc.  
SUITE # 801

City & State  
COCONUT GROVE, FL

City & State  
COCONUT GROVE, FL

Zip  
33133

Country  
USA

Zip  
33133

Country  
USA

03022009 REIN-LLC

CR2E101 (1/07)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PIERDANT, RICARDO  
2627 SOUTH BAYSHORE DR  
902  
COCONUT GROVE, FL 33133

## 7. Name and Address of New Registered Agent

Name  
PIERDANT, RICARDO  
Street Address (P.O. Box Number is Not Acceptable)  
2627 SOUTH BAYSHORE DR.  
SUITE # 801  
City  
COCONUT GROVE FL Zip Code  
33133

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

3/2/09

FILE NOW!!! FEE IS \$377.50

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PIERDANT, RICARDO  
2627 SOUTH BAYSHORE DR  
COCONUT GROVE, FL 33133 ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PIERDANT, RICARDO  
2627 SOUTH BAYSHORE DR. #801  
COCONUT GROVE, FL. 33133 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

RICARDO PIERDANT

3/2/09

(305) 907-4395

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

Date

Daytime Phone #