

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000075666

Entity Name: PT HOLDINGS LLC

FILED  
Oct 01, 2009  
Secretary of State

**Current Principal Place of Business:**

THE COLONNADE STE 302  
2333 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

9200 S. DADELAND BLVD., SUITE 600  
MIAMI, FL 33156

**New Mailing Address:**

THE COLONNADE STE 302  
2333 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

FEI Number: 26-0615063      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

SANCHEZ-MEDINA, ROLAND JR  
THE COLONNADE STE 302  
2333 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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: ROLAND SANCHEZ-MEDINA, J.R.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: AS      ( ) Delete  
Name: SANCHEZ-MEDINA, ROLAND JR.  
Address: 2333 PONCE DE LEON BLVD. SUITE 302  
City-St-Zip: CORAL GABLES, FL 33134

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROLAND SANCHEZ-MEDINA, J.R.

AS

10/01/2009

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