

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000048118

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** F & F REAL ESTATE GROUP, LLC

**Current Principal Place of Business:**

C/O GRAVIER AND ASSOCIATES  
201 ALHAMBRA CIRCLE, SUITE 901  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

C/O PEREZ-ABREU AGUERREBERE SUEIRO TORRES  
2121 PONCE DE LEON BLVD, SUITE 650  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O GRAVIER AND ASSOCIATES  
201 ALHAMBRA CIRCLE, SUITE 901  
CORAL GABLES, FL 33134

**New Mailing Address:**

C/O PEREZ-ABREU AGUERREBERE SUEIRO TORRES  
2121 PONCE DE LEON BLVD, SUITE 650  
CORAL GABLES, FL 33134

**FEI Number:** 98-0581882      **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:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 S.E. SECOND STREET  
SUITE 2900  
MIAMI, FL 33131 US

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

TORRES, MICHAEL R CPA  
2121 PONCE DE LEON BLVD  
SUITE 650  
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: MICHAEL R TORRES

04/20/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VARA, FRANCISCO P  
Address: AIME PAINE 1351 9 A  
City-St-Zip: CIUDAD DE BUENOS AIRES, FC FC AR

I hereby 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: MICHAEL R TORRES

RA

04/20/2010

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