

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000030694

Entity Name: CG3, LLC

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD. #PH  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD. #PH  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

FEILER, MICHAEL B ESQ.  
901 PONCE DE LEON BLVD. #PH  
CORAL GABLES, FL 33134 US

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

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 B FEILER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MICHAEL B. FEILER, PA  
Address: 901 PONCE DE LEON BLVD. #PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: MCDONOUGH, CHRISTOPHER  
Address: 901 PONCE DE LEON BLVD. #PH  
City-St-Zip: CORAL GABLES, FL 33134 US

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 B FEILER

MGRM

10/01/2010

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