

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000076809

Entity Name: CAMERLYNCK 1603, LLC

**FILED**  
**Oct 30, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

520 BRICKELL KEY BLVD  
STE C328  
MIAMI, FL 33131

## **New Principal Place of Business:**

520 BRICKELL KEY BLVD  
APT 1603  
MIAMI, FL 33131

## **Current Mailing Address:**

520 BRICKELL KEY BLVD  
STE C328  
MIAMI, FL 33131

## **New Mailing Address:**

520 BRICKELL KEY BLVD  
APT 1603  
MIAMI, FL 33131

FEI Number: 46-0724663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEPASSE, VICTOR  
520 BRICKELL KEY BLVD  
STE C328  
MIAMI, FL 33131 US

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

DEPASSE, VICTOR  
520 BRICKELL KEY BLVD  
APT 1603  
MIAMI, FL 33131 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: VICTOR DEPASSE

10/30/2013

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DE PASSE, VICTOR  
Address: 520 BRICKELL KEY BLVD., APT 1603  
City-St-Zip: MIAMI, FL 33131

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: VICTOR DEPASSE

MR.

10/30/2013

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