

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L96000000053

**FILED**  
**Nov 02, 2007**  
**Secretary of State**

**Entity Name:** LES HALLES MIAMI, L.C.

**Current Principal Place of Business:**

2415 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2655 S. LE JEUNE ROAD  
4TH FLOOR  
CORAL GABLES, FL 33134

**New Mailing Address:**

2900 SW 28 TERRACE  
PENTHOUSE  
MIAMI, FL 33133

**FEI Number:** 65-0638007      **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:**

WEISENFELD, JOSEPH J  
2655 S. LE JEUNE ROAD, 4TH FLOOR  
CORAL GABLES, FL 33134      US

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

WEISENFELD, JOSEPH J  
2900 SW 28 TERRACE, PENTHOUSE  
MIAMI, FL 33133      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: JOSEPH J WEISENFELD

11/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LAJAUNIE, PHILIPPE  
Address: 15 JOHN STREET  
City-St-Zip: NEW YORK, NY 10038

**ADDITIONS/CHANGES:**

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: PHILIPPE LAJAUNIE

MGRM

11/02/2007

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