

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000003337

1. Limited Liability Company's Name

ECHO PARTNERS, LLC

2. Principal Office Address - No P.O. Box #

4425 Ponce de Leon Blvd
Suite, Apt. #, etc.
4th Floor

City & State

Coral Gables, Florida

Zip

33146

Country
USA

3. Mailing Office Address

4425 Ponce de Leon Blvd.
Suite, Apt. #, etc.
4th Floor

City & State

Coral Gables, Florida

Zip

3316

Country
USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida
06/04/2007

6. FEI Number

26-0269186

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Joel K. Goldman

Street Address (P.O. Box Number is Not Acceptable)

4425 Ponce de Leon blvd

Suite, Apt. #, Etc.

4th Floor

City

Coral Gables

State

FL

Zip Code

33146

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date May 3, 2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	David Quint	4425 Ponce de Leon Blvd.	Coral Gables, FL 33146
MGR	David Ertel	4425 Ponce de Leon Blvd.	Coral Gables, FL 33146

L. SELLERS

MAY 13 2010

EXAMINER

11. E-mail Address: ileanapacina@bayviewassetmanagement.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date May 3, 2010 Daytime Phone # 305-341-3643

Typed or printed name of signing Managing Member/Manager