

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000007190.

1. Entity Name
BREAN MURRAY, CARRET + CO., LLC



FILED
08 NOV -4 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
570 LEXINGTON AVENUE
NEW YORK, NY 10022

Mailing Address
570 LEXINGTON AVENUE
NEW YORK, NY 10022

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



10292008 REIN-LLC CR2E101 (1/07)

4. FEI Number
13-4113323

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PRUSSING, JASON
9341 SW 178TH STREET
PALMETTO BAY, FL 33157-5746

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kenneth J. Kirsch* **Kenneth J. Kirsch** **Managing Director + CFO** **Oct 30, 2008**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARON, JEROME S 570 LEXINGTON AVENUE NEW YORK, NY 10022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GATTO, VICTOR 570 LEXINGTON AVENUE NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE Chief Compliance Officer NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRSCH, KENNETH J 570 LEXINGTON AVENUE NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE Chief Financial Officer NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLUSKEY, WILLIAM 570 LEXINGTON AVENUE NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE President and CEO NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VEGA, MARCO A 40 WEST 57TH STREET NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Kenneth J. Kirsch* **Kenneth J. Kirsch** **Managing Director + CFO** **Oct 30, 2008** **212-702-6500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE