

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000057941

**Entity Name:** GABLES VILLAS LLC

**Current Principal Place of Business:**

4472 SW 11TH ST  
MIAMI, FL 33134

**Current Mailing Address:**

4465 SW 13TH TERR  
MIAMI, FL 33134

**FEI Number:** 46-5335309

**Certificate of Status Desired:** No

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

PIRIE, JONATHAN  
4465 SW 13TH TERR  
MIAMI, FL 33134 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:** JONATHAN PIRIE

12/10/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PIRIE, JONATHAN W  
Address 4465 SW 13TH TERR  
City-State-Zip: MIAMI FL 33134

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JONATHAN PIRIE

PRES

12/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date