

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000020658

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** TWENTY SIX ASSOCIATES, LLC

**Current Principal Place of Business:**

2611 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2611 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 59-3775006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMOLER, BRUCE J ESQ  
2611 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

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

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:** MGRM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SMOLER, BRUCE J  
**Address:** 2611 HOLLYWOOD BOULEVARD  
**City-St-Zip:** HOLLYWOOD, FL 33020

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** MGRM ( ) Change (X) Addition  
**Name:** COHEN, SAMUEL  
**Address:** 10928 NW 67 PL  
**City-St-Zip:** PARKLAND, FL 33076

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:** SAMUEL COHEN

MGRM

04/30/2008

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