PLEASE RED ALL NISTED CHONS BEFORE CMF ET & FORM.

			—	Pag p .
C	ED LIABILITY OMPANY STATEMENT	FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS	06 OC	FILED T30 AMII: 12
DOCUMENT # Lo 3 0000 48864 1. Limited Liability Company's Name 8520, LLC				TARY OF STATE ASSEE, FLORIDA
2. Principal	l Office Address	3. Mailing Office Address	- 4	CR2E041 (8/05)
	arrison st.	1911 Harrison st.	4. State/Cour	ntry of Formation
		Suite, Apt. #, etc.	F	
Oile 6 State		Ch. 0 Chia		nized or Qualified iness in Florida 2/2)03
City & State Hollywood, YZ		City & State Hollywood, FZ	6. FEI Numbe	Pr Applied For
Zip	Country	Zip Country	7.	Not Applicable \$5.00 Additional Fee required
3302	O VSA	33020 USA	CERTIFICATE	E OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
	Name -	8. Name and Address of Current Ro	egistered Agent	
I	Ecic A. Jacobs, Esq.			
	Street Address (P.O. Box Number is No	ot Acceptable)		
	Suite, Apt. #, Etc.			
	City Hollywoodans FL 33020			
9. I, being a	appointed the registered agent of the	manad limited liability company, am familiar wi	th and accept the obligat	tions of Chapter 608, F.S.
Signature of				Date 10/17/06
Registered A	Agent // RE	EGISTERED AGENT MUST SIGN		Date / 5/11/0
10. Names and Street Addresses of Managing Members/Managers				
Titles	Name of Managing Members/Manage	Street Address ers Managing Member		City / State / Zip
HM	Sergio Marti	rec 12300 SW 97	42	Hyui, E 33186
			<u></u>	00081475765
			11/4	12/0601038010 ** 50.00
			1	
		WETTATE W	ENL T	102 - 100 L
+		26 24 4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				00081475765 2/0601038011 **50,00
:				
11. I certify that I am managing member/prapers of 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 practical 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 MA A IF Z Date 10/17/06 Daytime Phone # 95492906 79				
Tunad or printed name of significant Mambar/Managary				

CHARLIP LAW GROUP, LC

David H. Charlip, Esq. dcharlip@charliplawgroup.com

Sean Jason Gelb, MD, JD sgelb@charliplawgroup.com

Har isor Executive
1930 Harrison Stars, Su
Hollywood, FL 3302
Direct Fax: 954-20

Eric A. Jacobs, Esq. ericj@jerichotitle.com

· October 18, 2006

To

Secretary of State

From:

Eric A. Jacobs, Esq.

Re

8520,LLC

Dear Sir or Madam, please be advised that as registered agent of the above identified entity, I had not received the annual reports for the preceding period(s). Please waive any penalties and permit the filing thereof.



