

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000074518

Entity Name: 3101 HOLDINGS, LLC

FILED
Dec 01, 2005
Secretary of State

Current Principal Place of Business:

1001 SOUTH SOUTHLAKE DRIVE
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

1001 SOUTH SOUTHLAKE DRIVE
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 20-1752940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMONT NEIMAN INTERIAN & BELLET, P.A.
ONE BISCAYNE TOWER 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI, FL 33131 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: JAN S NEIMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: MNGR () Change (X) Addition
Name: CASCIONE, JR., NICHOLAS
Address: 1001 SOUTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: MNGR () Change (X) Addition
Name: CASCIONE, JEANNETTE
Address: 1001 SOUTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: MNGR () Change (X) Addition
Name: SAVINO, MICHAEL
Address: 1001 SOUTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NICHOLAS CASCIONE JR.

MNGR

12/01/2005

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