

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

02 DEC -9 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000012431

Name and Mailing Address

0004289 01 FP 0.352 **PRSR T3 0 0615 33432-740460



SEAN, LLC

1515 S. FEDERAL HWY

SUITE 210

BOCA RATON FL 33432-7404



2. New Mailing Address

1200 N. Federal Highway Suite 200

City, State, Zip
BOCA RATON FL 33432

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/12/2000

Principal Place of Business

1200 N. FEDERAL HWY
SUITE 210-200
BOCA RATON FL 33432

3. New Principal Place of Business Address

1200 N Federal Hwy #200
City, State, Zip
BOCA RATON FL 33432

6. FEI Number

65-1051954

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

FEINGOLD, DAVID J ESQ.
3300 PGA BLVD., STE. 410
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/25/02

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|-----------------------------|--------------------------------------|---|---------------------|
| MGRM | ZAUSNER, SEAN | 1515 S. FEDERAL HWY SUITE 210 | BOCA RATON FL 33432 |
| REINSTATEMENT 2102 | | | |
| 000009009690 | | | |
| 11/14/02-01105-001 **150.00 | | | |
| TB | | | |

12. I certify that I am managing member/manager or 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 reason for 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

Date

10/29/02

Daytime Phone #

800 424 5271

Typed or printed name of signing Managing Member/Manager