

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000034682

**FILED**  
**Nov 17, 2005**  
**Secretary of State**

**Entity Name:** CAREFREE 5TH STREET, LLC

**Current Principal Place of Business:**

1301 ALTON RD.  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

1031 5TH STREET  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1301 ALTON RD.  
MIAMI BEACH, FL 33139

**New Mailing Address:**

1031 5TH STREET  
MIAMI BEACH, FL 33139

**FEI Number:** 20-0250331      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MAROTTA, GARY  
1301 ALTON RD.  
MIAMI BEACH, FL 33139      US

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

MAROTTA, GARY  
1031 5TH STREET  
MIAMI BEACH, FL 33139      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: MGR

11/17/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MAROTTA, GARY  
Address: 1301 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MAROTTA, GARY  
Address: 1031 5TH STREET  
City-St-Zip: MIAMI BEACH, FL 33139

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: GARY MAROTTA

MGR

11/17/2005

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