

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 25 AM 10:52

DOCUMENT # L04000075262

1. Entity Name
4200 NMA, LLC



Principal Place of Business
45 N.E. 39 STREET
MIAMI, FL 33137

Mailing Address
45 N.E. 39 STREET
MIAMI, FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09212006 REIN-LLC CR2E101 (11/05)

4. FEI Number 03-0549810
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLETTI, JOSEPH R
3550 BISCAYNE BOULEVARD
SUITE 610
MIAMI, FL 33137

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME RHODES, STEVEN M
STREET ADDRESS 45 N.E. 39 STREET
CITY-ST-ZIP MIAMI, FL 33137 ☐ Delete

TITLE
NAME 400080459044
STREET ADDRESS 10/04/06--01033--019 **100.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME EISMANN, JONATHAN
STREET ADDRESS 915 LINCOLN ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME DILIDO, CHARLES R III
STREET ADDRESS 803 DILIDO DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

STEVEN M. RHODES M.M. 9-21-06 305 799-1407

REINSTATEMENT 2006