

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L04000033886**

1. Entity Name  
150 BOCA ROAD, LLC



**FILED**

2007 MAY 17 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
150 EAST BOCA RATON ROAD  
BOCA RATON, FL 33433

Mailing Address  
150 EAST BOCA RATON ROAD  
BOCA RATON, FL 33433

2. Principal Place of Business - No P.O. Box #  
215 N. Federal Hwy  
Suite, Apt. #, etc. 1

3. Mailing Address  
215 N. Federal Hwy  
Suite, Apt. #, etc. 1



05092007 REIN-LLC CR2E101 (1/07)

City & State  
Boca Raton, Florida  
Zip 33432 Country U.S.A

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Boca Raton, Florida  
Zip 33432 Country U.S.A

4. FEI Number  
20-1083756

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
SIDER, DONALD C  
150 EAST BOCA RATON ROAD  
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent  
Name James Batmasian  
Street Address (P.O. Box Number is Not Acceptable) 215 N. Federal Highway  
Suite # 1  
City Boca Raton FL Zip Code 33432

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$200.00**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIDER, DONALD C 150 E. BOCA RATON ROAD BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR James Batmasian 215 N. Federal Highway, #1 Boca Raton, Florida 33432 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400103196444 05/24/07--01024--004 **200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 # \_\_\_\_\_

**REINSTATEMENT**

*Handwritten signature*