# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 28, 2008**
**Secretary of State**

DOCUMENT# L07000050921

**Entity Name:** 1009 NW 30TH COURT, LLC

**Current Principal Place of Business:**

5150 N. OCEAN DRIVE
SUITE 700
SINGER ISLAND, FL 33404 US

**New Principal Place of Business:**

**Current Mailing Address:**

5150 N. OCEAN DRIVE
SUITE 700
SINGER ISLAND, FL 33404 US

**New Mailing Address:**

2798 WHITE RIDGE PL
28
THOUSAND OAKS, CA 91362 US

**FEI Number: 26-0152612** **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:**

SCHIMMEL, JAY
5150 N. OCEAN DRIVE
700
SINGER ISLAND, FL 33404 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: JAY SCHIMMEL

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: 1110 EAST DORAN LIMI, TED PARTNERSHI P
Address: 1400 BARLOW COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: 1110 EAST DORAN LIMI, TED PARTNERSHI P
Address: 2798 WHITE RIDGE PL #28
City-St-Zip: THOUSAND OAKS, CA 91362 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAY SCHIMMEL MGR 10/28/2008

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