## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COM	LIABILITY MPANY TATEMENT	FLORIDA D Se	. هم اد مين د مين					
DOCUMENT # L02000022511  1. Limited Liability Company's Name  10 SOUTH SHORE, LLC					   	8001443065æ8		
,	ffice Address - No P.O. Box #	3. Mailing Offic			04/01	/09-01005-001 CR2E041 (30/08)	**555*W	
10 SOUTH Suite, Apt. #, etc		C/O: DENNIS MCMAHON Suite, Apt. #, etc. 1340 NATOMA STREET			4. State/Country of Formation FLORIDA/ US  5. Date Organized or Qualified To Do Business In Florida 08/29/2002			
City & State MIAMI BEA Zip	Country	City & State SAN FRANCISCO, CA Zip Country		<del></del>	7.	6-1628362 Not Applicable		
33141	1 US 94		us		CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
Name URBAN RESOURCE, INC  Street Address (P.O. Box Number is Not Acceptable) 1181 71ST STREET  Suite, Apt. #, Etc.  City MIAMI BEACH  State  Zip Code MIAMI BEACH					A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
9. I, being apportung of Registered Ager	·	ve named limited	Date 02/03/09					
10. Names ar	nd Street Addresses of Managing Men	nbers/Managers				<del>-</del> -		
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager			City / State / Zip		
MGRM M	CMAHON, DENNIS		10 SOUTH SHORE			MIAMI BEACH/FL/33141		
MGRM M	ICMAHON, CHRISTINA MO	1	10 SOUTH SHORE			MIAMI BEACH/FL/33141		
	\$, HAWKES		HAWKES  MAR 3 1 2009 02724				<b>318</b> ∗*238.75	
	<b>EXAMINE</b>	EXA	AMINER PEH			VSTATEMENT		
11. 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 filling 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 02/03/09  Daytime Phone #  Typed or printed name of signing Managing Member/Manager								



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2009

10 SOUTH SHORE, LLC 1633 LOMBARD ST SAN FRANCISCO, CA 94123

SUBJECT: 10 SOUTH SHORE, LLC

Ref. Number: L02000022511

We have received your document for 10 SOUTH SHORE, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2005 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$793.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 909A00006844