

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000103787

FILED
Sep 02, 2009
Secretary of State

Entity Name: UPTOWN MARINA 424, LLC

Current Principal Place of Business:

% 1500 SAN REMO AVE., SUITE 248
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

% 1500 SAN REMO AVE., SUITE 248
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

Name and Address of New Registered Agent:

BARED, PABLO R ESQ.
BARED AND ASSOC., PA
1500 SAN REMO AVENUE, SUITE 248
CORAL GABLES, FL 33146 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: PABLO BARED

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ADES, JAIME
Address: % 1500 SAN REMO AVE., SUITE 248
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: ADES, ALBERTO
Address: % 1500 SAN REMO AVE., SUITE 248
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALBERTO ADES

MGRM

09/02/2009

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