

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000053016

Entity Name: DEE PROPERTIES, LLC

FILED
Oct 19, 2009
Secretary of State

Current Principal Place of Business:

2631 NE 14TH AVE PENTHOUSE 400
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

2631 NE 14TH AVE
PH 400
WILTON MANORS, FL 33334 US

Current Mailing Address:

2631 NE 14TH AVE PENTHOUSE 400
FORT LAUDERDALE, FL 33334

New Mailing Address:

2631 NE 14TH AVE PENTHOUSE 400
WILTON MANORS, FL 33334

FEI Number: 06-2267566 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:

SELZER, JEFFREY S ESQ
2550 NE 15TH AVE
FORT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

SELZER, JEFFREY S ESQ
2550 NE 15TH AVE
WILTON MANORS, FL 33305 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: ANTHONY A DE RIGGI

10/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DE RIGGI, ANTHONY A
Address: 2631 NE 14TH AVE PENTHOUSE 400
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DE RIGGI, ANTHONY A
Address: 2631 NE 14TH AVE PENTHOUSE 400
City-St-Zip: WILTON MANORS, FL 33334

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: ANTHONY A. DE RIGGI

MGR

10/19/2009

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