

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000102728

Entity Name: 53 TERRACE, LLC

FILED
Oct 19, 2009
Secretary of State

Current Principal Place of Business:

6950 N.W. 53 TERRACE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6950 N.W. 53 TERRACE
MIAMI, FL 33166

New Mailing Address:

7000 N.W. 53 TERRACE
MIAMI, FL 33166

FEI Number: 26-1235371 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:

LARA, LUIS F
6950 N.W. 53 STREET
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

LARA, LUIS F
7000 N.W. 53 STREET
MIAMI, FL 33166 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: LUIS F. LARA

10/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALTUVE, NORYS JR.
Address: 6950 N.W. 53 TERRACE
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: LARA, LUIS
Address: 6950 N.W. 53 TERRACE
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALTUVE, NORYS JR.
Address: 7000 N.W. 53 TERRACE
City-St-Zip: MIAMI, FL 33166

Title: MGRM (X) Change () Addition
Name: LARA, LUIS
Address: 7000 N.W. 53 TERRACE
City-St-Zip: MIAMI, FL 33166

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: LUIS F. LARA

MGR

10/19/2009

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