

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000016320

**Entity Name:** EAST-TOWN GP LLC

**Current Principal Place of Business:**

850 NE 5TH AVE  
BOCA RATON, FL 33432

**Current Mailing Address:**

850 NE 5TH AVE  
BOCA RATON, FL 33432

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MUIR, KRISTIN MALA MANAGER  
850 NE 5TH AVE  
BOCA RATON, FL 33432 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:** KRISTIN M MUIR

01/10/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MUIR, ROBIN C  
Address 850 NE 5TH AVE  
City-State-Zip: BOCA RATON FL 33432

Title MGR  
Name MUIR, KRISTIN  
Address 850 NE 5TH AVE  
City-State-Zip: BOCA RATON FL 33432

Title MGR  
Name MUIR, ROBERT C  
Address 850 NE 5TH AVE  
City-State-Zip: BOCA RATON FL 33432

Title MGR  
Name COLLER, SHAUN  
Address 850 NE 5TH AVE  
City-State-Zip: BOCA RATON FL 33432

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTIN M MUIR

MANAGER

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date