## 2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000139950

Entity Name: NOVAK FAMILY INVESTMENTS LLC

**Current Principal Place of Business:** 

60 EDGEWATER DR APT 5C CORAL GABLES. FL 33133

**Current Mailing Address:** 

60 EDGEWATER DR APT5C CORAL GABLES, FL 33133 US

FEI Number: 47-4851557 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOVAK, MICHAEL H 60 EDGEWATER DR APT5C CORAL GABLES, FL 33133 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: MICHAEL H NOVAK 02/10/2017

Electronic Signature of Registered Agent

Date

FILED Feb 10, 2017

**Secretary of State** 

CR8736939676

Authorized Person(s) Detail:

Title MGR Title MGR

Name NOVAK, MICHAEL H Name NOVAK, JASON I

Address 60 EDGEWATER DR APT 5C Address 229 CHRYSTIE ST APT 804

City-State-Zip: CORAL GABLES FL 33133 City-State-Zip: NEW YORK NY 10002

Title MGR

Name NOVAK, ANDREW J Address 11511 ELM BLUFF

City-State-Zip: SAN ANTONIO TX 78230

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: MICHAEL H NOVAK

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

02/10/2017