

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000181495

**Entity Name:** SECTION 17, LLC

**Current Principal Place of Business:**

1525 GABRIEL ST  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

1525 GABRIEL ST  
HOLLYWOOD, FL 33020

**FEI Number:** 47-5581820

**Certificate of Status Desired:** Yes

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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:** MADONNA CUDDIHY

01/10/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MORIBER, LLOYD A  
Address 10295 COLLINS AVE APT 2507  
City-State-Zip: BAL HARBOUR FL 33154-1492

Title MGRM  
Name HORLAND, JAMES A  
Address 11637 PONYWALK TRL  
City-State-Zip: BOYNTON BEACH FL 33473

Title MGRM  
Name SCHWARTZ, BRUCE S  
Address 4601 NW 93 CT  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name DRUCKER, MELVYN G  
Address 19955 PORTO VITA WAY APT 2701  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name KLEIN, NORMAN S  
Address 3000 ISLAND BLVD APT 1703  
City-State-Zip: AVENTURA FL 33160

Title MGRM  
Name SAMTER, NADINE  
Address 3819 CARR PL N  
City-State-Zip: SEATTLE WA 98103

*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:** LLOYD A. MORIBER

MANAGING MEMBER

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date