

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000212623

**Entity Name:** 400 SUNNY ISLES BEACH 2 LLC

**Current Principal Place of Business:**

16501 COLLINS AVE  
APT 403  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16501 COLLINS AVE  
APT 403  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LEVY, SAMUEL  
16501 COLLINS AVE  
APT 403  
SUNNY ISLES BEACH, FL 33160 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:** SAMUEL LEVY

10/26/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name LEVY, SAMUEL  
Address 16501 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** SAMUEL LEVY

10/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date