DOCUN	MENT # LOOOOO								
1481 WEST 41ST STREET, L.L.C.		REINSTATEMENT			D UOI				
Principal Place	e of Business	Mailing Address	01	UCI 22	PH 12: 17				
6061 COLLINS AVE., SUITE 12-C C/O RICK BLANCO, JR. MIAMI BEACH FL 33140		6061 COLLINS AVE., SUITE 12-C SECRET, C/O RICK BLANCO, JR. MIAMI BEACH FL 33140		CRETARY O LAHASSEE,	F STATE FLORIDA	hica 641ti 85(1) 8 2 (1)	. 2011 48181 21818 21811 6		
2. Principal Pl	ace of Business West 41 Street	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	h F1.	City & State		4. FEI	4. FEI Number Applied For Not Applicable				
33012	MIAMI DADE	Zip	Country		tificate of Status I		\$5.00 Add		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LICKSTEIN, FRED K ESQ. FOWLER, WHITE, BURNETT, HURLEY, BANICK & S 100 S.E. 2ND STREET, 17TH FLOOR MIAMI FL 33131			606	Street Address (P.O. Box Number is Not Acceptable) 606 Collins AVE # 12-C					
MANNIE COICE			City W	IMI P	seach		FL 多岁	°40	
SIGNATURE	named entity Submits this statement for	TICK B		TC.	10 -	5-0	DATE		
		Make Check Pa	OW!!! FEE IS \$ yable to Depart September 26,	ment of State					
9.	MANAGING MEMBE		10.	-		DITIONS/CHA		- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLANCO, IMILSE 2519 WEST 9TH COURT HIALEAH FL 33010	Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	7089 W	, IMILS 1. 4 cit. 1. 71. 3		(MGRM)	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGRM BLANCO, RICK JR. 6061 COLLINS AVE., SUITE 12 MIAMI BEACH FL 33140	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	Delete	TITLE NAME = STREET ADDRESS CITY-ST-ZIP	en o Turajenia L			□ Change 5 9348 01062(00 ****15		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			- 1 1 1 <u>2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 </u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	2	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
		□ Delete					☐ Change	☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of flustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME -

STREET ABORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI

10-5-01 301 4399954

Date Daytime Phone #