

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000011541

**FILED**  
**Nov 09, 2006**  
**Secretary of State**

**Entity Name:** SHERWOOD APARTMENTS, LLC

**Current Principal Place of Business:**

875 MAMARONECK AVE.  
MAMARONECK, NY 10543

**New Principal Place of Business:**

**Current Mailing Address:**

875 MAMARONECK AVE.  
MAMARONECK, NY 10543

**New Mailing Address:**

**FEI Number:** 58-2645419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANELLA, ROSS H ESQ.  
2237 N. COMMERCE PARKWAY  
SUITE 3  
WESTON, FL 33326 US

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

MANELLA, ROSS H ESQ.  
ONE EAST BROWARD BLVD.  
SUITE 1010  
FT. LAUDERDALE, FL 33301 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: ROSS H. MANELLA

11/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WIENER SHERWOOD, LLC,  
Address: 875 MAMARONECK AVE.  
City-St-Zip: MAMARONECK, NY 10543

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: SAMPLIN, MARC L  
Address: 875 MAMARONECK AVE.  
City-St-Zip: MAMARONECK, NY 10543

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARC L. SAMPLIN

MGR

11/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date