

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000015948

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Entity Name:** BLUE MOUNTAIN ASSOCIATES, LLC.

**Current Principal Place of Business:**

419 PARK AVE. SOUTH, C/P WALTER & SAMUELS  
15TH FLOOR  
NEW YORK, NY 10016

**New Principal Place of Business:**

419 PARK AVE. SOUTH, C/O WALTER & SAMUELS  
15TH FLOOR  
NEW YORK, NY 10016

**Current Mailing Address:**

419 PARK AVE. SOUTH, C/P WALTER & SAMUELS  
15TH FLOOR  
NEW YORK, NY 10016

**New Mailing Address:**

419 PARK AVE. SOUTH, C/O WALTER & SAMUELS  
15TH FLOOR  
NEW YORK, NY 10016

**FEI Number:** 20-0867294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BERLEY, DAVID  
419 PARK AVE SOUTH, C/O WALTER & SAMUELS  
15TH FLOOR  
NEW YORK, N.Y., FL 10016 US

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

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:** DAVID I.BERLEY

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** BERLEY, DAVID  
**Address:** 419 PARK AVE SOUTH, C/O WALTER & SAMUELS  
**City-St-Zip:** NEW YORK, NY 10016

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** DAVID I. BERLEY

MGRM

10/02/2014

Electronic Signature of Authorized Person

Date