

LIMITED LIABILITY COMPANY

01000016524

DOCUMENT #

L01000016524

1. Entity Name

MIAMI RIVER OAKS, LLC



FILED

03 FEB 11 PM 2:01

SECRETARY OF STATE
ALLAHASSEE FLORIDA

MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9400 S. Dadelane Boulevard

3. Mailing Address

9400 S. Dadeland Boulevard

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

22-3870297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Brian J. McDonough

Street Address (P.O. Box Number is Not Acceptable)

2200 Museum Tower

150 West Flagler Street

City

Miami

FL

Zip Code
33130

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

2/10/03

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Louis Wolfson III
9400 S. Dadeland Boulevard, #100
Miami, Florida 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Michael D. Wohl
9400 S. Dadeland Boulevard, #100
Miami, Florida 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600012320026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
David O. Deutch
9400 S. Dadeland Boulevard, #100
Miami, Florida 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Mitchell M. Friedman
9400 S. Dadeland Boulevard, #100
Miami, Florida 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

2/2/03

Date

Daytime Phone #

CR2E083B (12/02)



FILED

03 FEB 11 PM 2:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 926731 . 4311473

AUTHORIZATION :

COST LIMIT : \$ 205.00

ORDER DATE : February 11, 2003

ORDER TIME : 11:10 AM

ORDER NO. : 926731-005

CUSTOMER NO: 4311473

CUSTOMER: Jackie Gerstenfeld, Paralegal
Stearns Weaver Miller
Museum Tower, Suite 2200
150 West Flagler Street
Miami, FL 33130

RECEIVED
03 FEB 11 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MIAMI RIVER OAKS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____