1062

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000017770

1. Entity Name
CENTURION PARTNERS, LLC

FILED
2005 FEB -7 P 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02042005 REIN-LLC CR2E101 (6/04)

Principal Place of Business	Mailing Address
7000 W. PALMETTO PARK RD., SUITE 402, BOCA RATON, FL 33433	110 E BROWARD BLVD., SUITE 1700, FORT LAUDERDALE, FL 33301

2. Principal Place of Business	3. Mailing Address
110 E. Broward Blvd.	
Suite, Apt. #, etc.: Suite 1700	Suite, Apt. #, etc.
City & State: Fort Lauderdale	City & State
Zip: 33301 Country: U.S.A.	Zip Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ JAMES A. BOROWSKI ASSISTANT SECRETARY Feb 4 05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MILETO, FRANCESCO 110 E BROWARD BLVD. FORT LAUDERDALE, FL 33301 ☐ 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	☐ Change ☐ Addition 04 05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______ Feb 4 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

CENTURION PARTNERS, LLC

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