

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L01000018691**

1. Entity Name

3399 PONCE SK, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 30 PM 2:56

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3399 Ponce de Leon Blvd.
Suite, Apt. #, etc.

3. Mailing Address

2801 Lucerne Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, Florida

City & State

Miami Beach, Florida

4. FEI Number

90-003-4845

Applied For

Not Applicable

Zip

Country

33134

USA

Zip

Country

33140

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Company of Miami

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

1500 Miami Center

201 South Biscayne Blvd

City

Miami

FL

Zip Code
33131

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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.

SIGNATURE

Felicia Hickey
Signature, typed or printed name of registered agent and date if applicable.

10-28-02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

500008730705

07/31/02--01072--009 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President (MGRM) (MGR)
Susan P. Kelley
2801 Lucerne Ave. M.B., FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President (MGR)
William R. Roy, Ph.D
2801 Lucerne Ave. M.B., FL 33140

TITLE
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

William R. Roy
Signature and typed or printed name of signing managing member, manager, or authorized representative

10/24/02

Date

305-444-0004

Daytime Phone #

CR2E083B (12/01)

292

SHUTTS
&
BOWEN
LLP

ATTORNEYS AND COUNSELLORS AT LAW

October 28, 2002

Ms. Beth Register
Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Dear Ms. Register,

Our firm represents 3399 Ponce WR, LLC and 3399 Ponce SK, LLC (hereinafter collectively referred to as the "Companies"). We understand that the Companies were involuntarily dissolved effective October 4, 2002 for failure to file Uniform Business Reports with the Secretary of State. We would like to provide an explanation to the State as to why the Companies were inadvertently and involuntarily dissolved. In addition, we request that both Companies be reinstated without penalty.

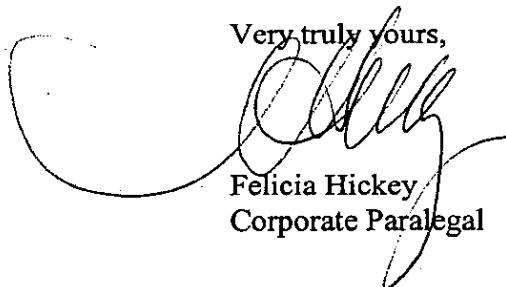
It has been determined that postal delivery did not occur, beginning from approximately March, 2002 through September, 2002 at the address which is currently on file with the Florida Department of State, due to problems with access to this office building. Our business provided change of address information for many of the clients and vendors that would most likely use this address. It must have been an oversight with our administrative department, that notification was not sent to the Florida Department of State.

Accordingly, we have revised the mailing address on the enclosed documents, and request that the Companies be reinstated without penalty. Enclosed herewith are the original executed Uniform Business Reports for both Companies and checks for \$50 for each filing fee.

In addition, we enclose original executed Reinstatement forms for the Companies, but hope that you will accept the U.B.R.s.

Please return a conformed copy in the envelope provided. Should you have any questions, please feel free to contact me at (305) 379-9168.

Very truly yours,



Felicia Hickey
Corporate Paralegal