

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 18 AM 11:40

DOCUMENT # L02000012459

1. Entity Name
SALADA PROPERTIES, L.L.C.



Principal Place of Business
19955 NE 38TH CT STE 2106
AVENTURA, FL 33180

Mailing Address
19955 NE 38TH CT STE 2106
AVENTURA, FL 33180

2. Principal Place of Business
5500 COLLINS AVE.
Suite, Apt. #, etc.
402

3. Mailing Address
5500 COLLINS AVE.
Suite, Apt. #, etc.
402

City & State
MIAMI BEACH, FL
Zip
33140
Country
USA

City & State
MIAMI BEACH, FL
Zip
33140
Country
USA

02012005 REIN-LLC CR2E101 (6/04)

4. FEI Number
02-0612225

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, GEORGE
19955 NE 38TH CT STE 2106
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
GEORGE GREEN
Street Address (P.O. Box Number is Not Acceptable)
5500 COLLINS AVE. SUITE 402
City MIAMI BEACH FL Zip Code 33140

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/8/05

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

TITLE NAME MGR-
NAME MARTINCAK, DANIEL ☐ Delete
STREET ADDRESS 2000 N.E. 9TH ST.
CITY-ST-ZIP FT LAUDERDALE, FL 33304

TITLE NAME D. & MGR.
NAME GREEN, GEORGE ☐ Delete
STREET ADDRESS 19955 NE 38TH CT STE 2106
CITY-ST-ZIP AVENTURA, FL 33180

TITLE NAME D.
NAME MARTINCAK, LAUREN ☐ Delete
STREET ADDRESS 1550 NORTHVIEW DR.
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE NAME D.
NAME TAMMY GREEN ☐ Delete
STREET ADDRESS 5500 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 5500 COLLINS AVE. SUITE 402
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 5500 COLLINS AVE. SUITE 402
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS 1550 NORTHVIEW DR.
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS 5500 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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: George Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 04-05

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03/01/05--01004--009 **105.00

305-
867-6572