

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000013835

FILED  
Nov 01, 2004  
Secretary of State

Entity Name: 218 SEASPRAY, LLC

**Current Principal Place of Business:**

218 SEASPRAY AVENUE  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

218 SEASPRAY AVENUE  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 19-1560185      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TARONE, THEODORE T JR  
STAMBOUGH & TARONE, P.A.  
180 ROYAL PALM WAY, SUITE 201  
PALM BEACH, FL 33480 US

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

POLLOCK, RICHARD M DMD  
218 SEASPRAY AVENUE  
PALM BEACH, FL 33480 US

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: RICHARD M POLLOCK DMD

11/01/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: POLLOCK, RICHARD M  
Address: 218 SEASPRAY AVENUE  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: POLLOCK, RICHARD M DMD  
Address: 218 SEASPRAY AVENUE  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD M POLLOCK

DR

11/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date