

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000020792

1. Entity Name
JAD HOLDINGS, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -9 AM 8:28

Principal Place of Business
666 71ST STREET
MIAMI BEACH, FL 33141

Mailing Address
666 71ST STREET
MIAMI BEACH, FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262005 REIN-LLC CR2E101 (6/04)

4. FEI Number
02-0675638

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERBER, DANIEL J ESQ.
2875 NE 191ST STREET
SUITE 801
AVENUTRA, FL 33180

Name **ALAN LIPS**

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

666 71 STREET

City **MIAMI BEACH**

FL

Zip Code **33141**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS LIPS, ALAN
CITY-ST-ZIP 666 71ST STREET
MIAMI BEACH, FL 33141 ☐ Delete

TITLE
NAME
STREET ADDRESS **REINSTATEMENT** ☐ Change ☐ Addition
CITY-ST-ZIP **04-05**

TITLE
NAME MGRM
STREET ADDRESS HAMEROFF, LILY
CITY-ST-ZIP 666 71ST STREET
MIAMI BEACH, FL 33141 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition
600046721546
02/17/05--01005--007 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

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

1/26/05

305-868-3600

Date

Daytime Phone #