

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000023439

1. Entity Name
MARYAMI LAKES LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 15 AM 11:07

Principal Place of Business
8471 CASA DEL LAGO #28A
BOCA RATON, FL 33433

Mailing Address
8471 CASA DEL LAGO #28A
BOCA RATON, FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05272005 REIN-LLC

CR2E101 (6/04)

4. FEI Number
16-1626600

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULMAN, ROBERT P
8471 CASA DEL LAGO #28A
BOCA RATON, FL 33433

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

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
SCHUMEN, ROBERT
8471 CASA DEL LAGO #28A
BOCA RATON, FL 33433 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
MARJORIE SCHULMAN
8471 CASA DEL LAGO #28A
BOCA RATON FL 33433 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
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☐ Delete

TITLE
NAME
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CITY - ST - ZIP
800057534238
07/15/05--01065--001 **100.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

Date

Daytime Phone #

7/13/05 (50)482-0797