

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000006288

1. Entity Name
APOPKA REGIONAL SHOPPING CENTER, LLC



Principal Place of Business
100 RING ROAD WEST
GARDEN CITY, NY 11530

Mailing Address
100 RING ROAD WEST
GARDEN CITY, NY 11530

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212004 REIN-LLC CR2E101 (6/04)

4. FEI Number

51-0446518

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

RAY, PETER R
712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH, FL 33408

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 \$50.00
After January 1, 2005, Fee will be \$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
Edward Ross
100 Ring Rd West
Garden City NY 11530

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900042180669
10/25/04--01071--023 **\$50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Scott Ross
1825 Main St
Weston, FL 33326

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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TITLE
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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:

Scott Ross

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

Date

10/22/04

Daytime Phone #

FILED

2004 DEC -3 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

