

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000013862

Entity Name: MOZAIC 1230, LLC

FILED
Oct 11, 2005
Secretary of State

Current Principal Place of Business:

1237 SW 21ST STREET
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

459 NE 15 AVENUE
FT. LAUDERDALE, FL 33301

Current Mailing Address:

1237 SW 21ST STREET
FT. LAUDERDALE, FL 33312

New Mailing Address:

459 NE 15 AVENUE
FT. LAUDERDALE, FL 33301

FEI Number: 42-1586681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLICK, CYNTHIA
1237 SW 21ST STREET
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

WALLICK, CYNTHIA
459 NE 15 AVENUE
FT. LAUDERDALE, FL 33301 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: CYNTHIA WALLICK

10/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALLICK, CYNTHIA
Address: 1237 SW 21ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM () Delete
Name: CASALE, DOMINICK
Address: 2405 FRYER POINT
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALLICK, CYNTHIA
Address: 459 NE 15 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CYNTHIA WALLICK

MGRM

10/11/2005

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