

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000021195

FILED  
Oct 12, 2004  
Secretary of State

Entity Name: MICHAEL REMI, LLC

**Current Principal Place of Business:**

437 PLAZA REAL  
BOCA RATON, FL 33432

**New Principal Place of Business:**

20100 HIGHLAND LAKES BLVD  
MIAMI, FL 33179

**Current Mailing Address:**

437 PLAZA REAL  
BOCA RATON, FL 33432

**New Mailing Address:**

20100 HIGHLAND LAKES BLVD  
MIAMI, FL 33179

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  
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:**

KARSCH, MICHAEL D  
301 YAMATO ROAD, SUITE 4150  
BOCA RATON, FL 33431 US

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

TOBIAS, WILLIAM J  
20100 HIGHLAND LAKES BLVD  
MIAMI, FL 33179 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: WILLIAM TOBIAS

10/12/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: TOBIAS, WILLIAM  
Address: 437 PLAZA REAL  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TOBIAS, WILLIAM  
Address: 20100 HIGHLAND LAKES BLVD  
City-St-Zip: MIAMI, FL 33179

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: WILLIAM TOBIAS

MR.

10/12/2004

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