


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:17

DOCUMENT # L03000032268 1. Entity Name ELBA #5 LLC			
Principal Place of Business 306 S. PLAZA REAL MIZNER PARK BOCA RATON, FL 33432 US		Mailing Address 306 S. PLAZA REAL MIZNER PARK BOCA RATON, FL 33432 US	
2. Principal Place of Business 306 S PLAZA REAL MIZNER PARK		3. Mailing Address 827 LEXINGTON AVE	
Suite, Apt. #, etc. MIZNER PARK		Suite, Apt. #, etc. 	
City & State BOCA RATON FL		City & State NEW YORK NY	
Zip 33432		Zip 10021-7401	
Country BROWARD		Country NEW YORK	
6. Name and Address of Current Registered Agent EBRAHIMZADEH, BABAK 306 S. PLAZA REAL MIZNER PARK BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
4. FEI Number 74-3103137			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
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 _____ (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 STREET ADDRESS CITY-ST-ZIP	MGRM EBRAHIMZADEH, BABAK 306 S. PLAZA REAL,, MIZNER PARK BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: EBRAHIMZADEH, BABAK		(214) 750-2633 24105	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	