## 2004 LIMITED LIABILITY COMPANY REINSTATEMENT.

## FILED **DOCUMENT # L03000044037** DOMINION DEVELOPERS, L.L.C. 04 OCT 25 PM 4: 14 SERBETMAY OF STATE Mailing Address Principal Place of Business TALL WHASSEE FLORIDA 1680 MICHIGAN AVENUE 1680 MICHIGAN AVENUE **SUITE 1001 SUITE 1001** MIAMI BEACH, FL 33137 MIAMI BEACH, FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10202004 REIN-LLC CR2E101 (6/04) City & State City & State Not Applicable 7ip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NECASTRU BEDARD, DENNIS R \* Street Address (P.O. Box Number is Not Acceptable) 1717 N. BAYSHORE DR. MIAMI, FL 33132 8. The above named entity submits this statement for the purpose of changing its registered office d agent, or both, in the State of Florida. I am familiar the obligations of registered agent. In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$50.00 Florida Department of State After January 1, 2005, Fee will be \$100.00 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change Addition TITLE ☐ Delete NAME HOLLYLAND REALTY TRUST, DONALD T. COHEN TR NAME 000042160570 10/25/04--01071--021 \*\*5 STREET ADDRESS 22214 HOLLYHOCK TRAIL STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MVM FINANCIAL LLC NAME NAME 1717 N. BAYSHORE DR. #215 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33132 MGRM ☐ Delete TITLE Change ☐ Addition TITLE A.D. EMERALD NAME NAME STREET ADDRESS 1680 MICHIGAN AVENUE, STE. 1001 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33137 Change ☐ Addition ☐ Delete TITLE MGRM TITLE DECASTRO, ERLY D NAME NAME 1680 MICHIGAN AVENUE, STE. 1001 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33139 TITLE Delete TITLE Change ☐:Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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