

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 17 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000048088 1. Entity Name 1804 LA PERLA LLC					
Principal Place of Business 64 ROBINSON AVENUE STATEN ISLAND, NY 10312		Mailing Address 64 ROBINSON AVENUE STATEN ISLAND, NY 10312			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2011129	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSSMAN, BELLA 1920 EAST HALLANDALE BEACH BLVD., #510 HALLANDALE BEACH, FL 33009				7. Name and Address of New Registered Agent Name ADAM R. SCHIFFMAN, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2999 NE 191 STREET #900 City AVENTURA FL Zip Code 33180	
8. The above named entity submits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)</small>				DATE 12/16/04	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$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 GROSSMAN, BELLA 1920 E. HALLANDALE BEACH BLVD., #510 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GROSSMAN, BELLA 1920 E. HALLANDALE BEACH BLVD., #510 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GROSSMAN, BELLA 1920 E. HALLANDALE BEACH BLVD., #510 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GROSSMAN, BELLA 1920 E. HALLANDALE BEACH BLVD., #510 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GROSSMAN, BELLA 1920 E. HALLANDALE BEACH BLVD., #510 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 808, Florida Statutes.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 12/16/04	

REINSTATEMENT 04 JM

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000248049 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : ADAM-R. SCHIFFMAN, P.A.
Account Number : I20000000100
Phone : (305) 682-1328
Fax Number : (305) 682-0063

LIMITED LIABILITY REINSTATEMENT

1804 LA PERLA LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$155.00

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 17, 2004

1804 LA PERLA LLC
64 ROBINSON AVENUE
STATEN ISLAND, NY 10312

SUBJECT: 1804 LA PERLA LLC
REF: L03000048088

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

FAX Aud. #: H04000248049
Letter Number: 204A00070276

RECEIVED

04 DEC 17 PM 12:10

DIVISION OF CORPORATION

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ADAM R. SCHIFFMAN, P.A.
ATTORNEYS AT LAW
CONCORDE CENTRE II # SUITE 900
2999 NORTHEAST 191 STREET
AVENTURA, FLORIDA 33180
DADE (305) 682-1328
FAX (305) 682-0063

FACSIMILE TRANSMITTAL SHEET

TO:

NAME:

FIRM/COMPANY: Florida Department of State - Division of Corporations
ELECTRONIC FILING

TELEFAX NUMBER: (850) 205-0383

FROM:

ADAM R. SCHIFFMAN, ESQUIRE

(The original of this document is being retained by the sender but will be transmitted by mail upon request).

OUR FILE #: 1804 LA PERLA, LLC

DATE: December 16, 2004

TOTAL NUMBER OF PAGES (INCLUDING TRANSMITTAL SHEET): 3

COMMENTS: See attached.

IF YOU DO NOT RECEIVE ALL THE PAGES SET FORTH ABOVE, PLEASE CALL BACK AS SOON AS POSSIBLE AT (305) 682-1328 FOR VOICE CONTACT WITH THE OPERATOR.

THE INFORMATION CONTAINED IN THIS TRANSMISSION MAY BE ATTORNEY/CLIENT PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATIONS IS PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. WE WILL REIMBURSE YOUR COSTS. THANK YOU FOR YOUR COOPERATION.