

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000002014

1. Entity Name
2600, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:07

Principal Place of Business
2600 NW BOCA RATON BOULEVARD
BOCA RATON, FL 33431 US

Mailing Address
2600 NW BOCA RATON BOULEVARD
BOCA RATON, FL 33431 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042006 REIN-LLC CR2E101 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEYOND ACCOUNTING AND BOOKKEEPING, INC.
33 SE 1ST AVENUE
SUITE 102
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name Beyond Accounting & Bookkeeping, Inc.
Street Address (P.O. Box Number is Not Acceptable)

1801 S. Federal Hwy Ste 238

City DeLray Beach

FL

Zip Code
33483

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-3-06

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SAWYER, THOMAS F
STREET ADDRESS 2600 NW BOCA RATON BLVD
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE MGRM ☐ Delete
NAME SAWYER, JACKIE L
STREET ADDRESS 2600 NW BOCA RATON BLVD
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE MGRM ☐ Delete
NAME BUBEL, THOMAS
STREET ADDRESS 2600 NW BOCA RATON BLVD
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3-3-06

Date

561-338-5755

Daytime Phone #