

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000006717

**FILED**  
**Oct 29, 2009**  
**Secretary of State**

**Entity Name:** BLUTH PLAZA, L.L.C.

**Current Principal Place of Business:**

20401 NW 2 AVE  
MIAMI, FL 33179

**New Principal Place of Business:**

20401 NW 2 AVE  
MIAMI, FL 33169

**Current Mailing Address:**

339 LIVINGSTON PLACE  
CEDARHURST, NY 11516

**New Mailing Address:**

**FEI Number:** 01-0805253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FINK, BRIAN L ESQ.  
2600 DOUGLAS ROAD, STE. 1109  
CORAL GABLES, FL 33134 US

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

BLUTH, EDWARD  
20401 NORTH WEST 2ND AVE.  
SUITE 226  
MIAMI GARDENS, FL 33169 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: EDWARD BLUTH

10/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLUTH, MICHAEL  
Address: 339 LIVINGSTON PLACE  
City-St-Zip: CEDARHURST, NY 11516

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL BLUTH

MGRM

10/29/2009

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