## **2006 LIMITED LIABILITY COMPANY** REINSTATEMENT

## FILED **DOCUMENT # L04000008106** 06 SEP 22 PM 2: 36 PLUM PARK BUILDINGS, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4208 DOUGLAS BLVD #300 4208 DOUGLAS BLVD #300 90**0**080068859 **GRANITE BAY, CA 95746 GRANITE BAY, CA 95746** 175 2. Principal Place of Business 3. Mailing Address 41 NW 20th St 141 NW BOTH ST Suite, Apt. #, etc. Suite, Apt. #, etc 07112006 REIN-LLC CR2E101 (11/05) 6-123 G-199 City & State City & State 4. FEI Number Applied For F 20-1186366 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired USA 3343 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARGOLIS, DAVID R Street Address (P.O. Box Number is Not Acceptable) 141 N.W. 20TH ST, STE G-122 BOCA RATON, FL 33431 City Zip Code 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 Make check payable to FILE NOW!!! FEE 1S \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MANAGING MEMber TITLE ☐ Delete IIILE Change Addition DAVID MAMOLI NAME NAME 6-122 STREET ADDRESS 141 N.W 2 STREET ADDRESS 33431 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete Addition ent 2<u>005</u>-20 NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition 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 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 ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone 4

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ION SERVICE COMPANY	·		
·	ACCOUNT NO.	: 072100000032	75 8 A
	REFERENCE	: 472535 120	100A PR 100
•	AUTHORIZATION	: Sould blens	
	COST LIMIT	: \$200.00	17 C. 12
ORDER DATE : S	September 22, 20	06	ORION
ORDER TIME :	9:35 AM	to .	
ORDER NO. :	472535-005	$/ \$	
CUSTOMER NO:	12000A		
	DOMESTIC F	'ILINGS	RECE 06 SEP 22 DELVISION OF S
NAME:	PLUM PARK BUI	LDINGS, LLC	CEIVED  22 AM IO: 46  CONTRACTOR ATTOMS HASSEEL FLORIDA
XX REINSTAT	EMENT		
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILING:	
XX PLAIN	IED COPY STAMPED COPY ICATE OF GOOD ST	'ANDING	

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS \_\_\_\_\_