

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000008473

**FILED**  
**Feb 06, 2010**  
**Secretary of State**

**Entity Name:** CLOVERLEAF FLORIDA, LLC

**Current Principal Place of Business:**

3298 OLDE HAMPTON ROAD  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

833 MADISON AVENUE  
SUITE 3-A  
NEW YORK, NY 10021

**New Mailing Address:**

**FEI Number:** 20-0691422      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GALLE, CRAIG T ESQ.  
11199 POLO CLUB ROAD  
WELLINGTON, FL 33414      US

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

GALLE, CRAIG T ESQ.  
13501 SOUTH SHORE BOULEVARD  
SUITE 103  
WELLINGTON, FL 33414 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: CRAIG T. GALLE

02/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GOUTAL, JEAN M  
**Address:** 833 MADISON AVENUE, SUITE 3-A  
**City-St-Zip:** NEW YORK, NY 10021

I hereby 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: JEAN GOUTAL

MGRM

02/06/2010

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