

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 OCT 21 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10162008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L04000017644					
1. Entity Name HAZELTINE LLC					
Principal Place of Business 9930 COLLINS AVENUE BAL HARBOUR, FL 33154			Mailing Address 9930 COLLINS AVE APT # 5 BAL HARBOUR, FL 33154		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5555 N. Ocean Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit #61			
City & State		City & State Ft. Lauderdale, FL		4. FEI Number 20-0856627	
Zip		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CALAFATI, PETER G 9930 COLLINS AVENUE BAL HARBOUR, FL 33154			7. Name and Address of New Registered Agent Name Gilbert M. Arenella Street Address (P.O. Box Number is Not Acceptable) 5555 N. Ocean Blvd. Unit #61 City Ft. Lauderdale FL Zip Code 33308		
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 DATE 10/14/08 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALAFATI, PETER G 9930 COLLINS AVENUE BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Gilbert M. Arenella 5555 N. Ocean Blvd., Unit #61 Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000137110230 10/21/08--01011--003 **143.95	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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			Date 10/14/08 (305) 885-8000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		