

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000031157

**FILED**  
**Sep 21, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA'S FINEST DEVELOPERS, LLC

**Current Principal Place of Business:**

10200 STATE ROAD 84  
SUITE 204  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

10200 STATE ROAD 84  
SUITE 204  
DAVIE, FL 33324

**New Mailing Address:**

**FEI Number:** 56-2454414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SALKEY, FLOYD  
210 NW 5 AVENUE  
HALLANDALE, FL 33009 US

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

SALKEY, FLOYD  
210 NW 5TH AVENUE  
HALLANDALE, FL 33009 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: FLOYD SALKEY

09/21/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KHAN, YASIR  
Address: 210 NW 5 AVENUE  
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM ( ) Delete  
Name: SALKEY, FLOYD  
Address: 210 NW 5 AVENUE  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FLOYD SALKEY

MGRM

09/21/2005

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