

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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|---|---------------------------------|---|--|
| DOCUMENT # L04000031481 | | | |
| 1. Entity Name SLIGO VILLA APARTMENTS LLC | | | |
| Principal Place of Business 2651 A NW 20 STREET MIAMI, FL 33142 | | Mailing Address 2651 A NW 20 STREET MIAMI, FL 33142 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 11522 SW 187 TERRACE City & State Miami Florida Zip 33157 | | 3. Mailing Address Suite, Apt. #, etc. SAME City & State City Country U.S.A. | |
| 4. FEI Number 20-4476610 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KENNEDY, JOHN 2651 A NW 20 STREET MIAMI, FL 33142 | | 7. Name and Address of New Registered Agent Name KENNEDY, JOHN Street Address (P.O. Box Number is Not Acceptable) 11522 SW 187 TERRACE City Miami FL Zip Code 33157 | |
| 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 <u>JOHN KENNEDY PRESIDENT</u> DATE <u>1/25/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$277.50 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR KENNEDY, JOHN 2651 A NW 20 STREET MIAMI, FL 33142 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR CHRISTINE KENNEDY 11522 SW 187 TERRACE Miami FL 33157 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP 700116338597 01/29/08--01020--010 ***277.50 | <input 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 | <input 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 | <input 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>JOHN KENNEDY PRESIDENT</u> DATE <u>1/24/08</u> 786 355-5688 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242008 REIN-LLC CR2E101 (1/07)

REINSTATEMENT 07-08