


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 28 AM 9:50

DOCUMENT # L04000036374

1. Entity Name
232 N.W. 14TH ST., LLC



Principal Place of Business 2340 N.W. 29TH ST. FT LAUDERDALE, FL 33311	Mailing Address 2340 N.W. 29TH ST. FT LAUDERDALE, FL 33311
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11252007 REIN-LLC CR2E101 (1/07)

4. FEI Number
57-1205890

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Applied For
 Not Applicable



6. Name and Address of Current Registered Agent

GRISHAM, CLARENCE J
2340 N.W. 29TH ST.
FT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** 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 Clarence Grisham Jr. DATE 12-26-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRISHAM, CLARENCE			NAME	000112702200		
STREET ADDRESS	2340 NW 29TH ST			STREET ADDRESS	11/29/07--01050--002	**55.00	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRISHAM, HAZEL			NAME	000112702200		
STREET ADDRESS	2340 NW 29TH ST			STREET ADDRESS	01/04/08--01040--001	**100.00	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

REINSTATEMENT
2007 *felt*

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: Clarence Grisham Jr. Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE