2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 MAR 27 PM 3:37

DOCUMENT # L04000044053

1. Entity Name
630 SOUTH, LLC

Principal Place of Business
5055 N A1A
VERO BEACH, FL 32963

Mailing Address
5055 N A1A
VERO BEACH, FL 32963

02082008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #
630 South Street
Suite, Apt. #, etc.

3. Mailing Address
630 South Street
Suite, Apt. #, etc.

City & State: Key West FL
Zip: 33040 Country: Monroe

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Zip: 33040 Country: Monroe

4. FEI Number: 20-1449510 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTTENMACHER, EDWARD P
2600 DOUGLAS ROAD, PENTHOUSE 8
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Julie Ann Garber, The Andersen Firm
Street Address (P.O. Box Number is Not Acceptable): 1010 Kennedy Drive
Suite 201
City: Key West FL Zip Code: 33040

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: Julie Ann Garber — Julie Ann Garber — 3/20/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	MURPHY, SUSAN	NAME	Murphy, Susan
STREET ADDRESS	5055 N A1A	STREET ADDRESS	630 South Street
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	Key West, FL 33040
TITLE	MGRM ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	MURPHY, MICHAEL	NAME	500121197515
STREET ADDRESS	5055N A1A	STREET ADDRESS	03/25/08--01018--016 **377.50
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REINSTATEMENT	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Susan Murphy — 2/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #