

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000057388

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** POINTE AT KENDALL, LLC

**Current Principal Place of Business:**

1111 KANE CONCOURSE, SUITE 401-F  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1111 KANE CONCOURSE, SUITE 401-F  
BAY HARBOR ISLANDS, FL 33154

**New Mailing Address:**

**FEI Number:** 20-1449810      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SAKOWITZ, ALAN  
1111 KANE CONCOURSE, SUITE 401-F  
BAY HARBOR ISLANDS, FL 33154      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:** ALAN SAKOWITZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** COMMERCIAL POINTE REALTY, INC.  
**Address:** 1111 KANE CONCOURSE SUITE 401F  
**City-St-Zip:** BAY HARBOR ISLANDS, FL 33154

**Title:** MGRM      ( ) Delete  
**Name:** MERIDIAN PROPERTY MANAGEMENT, LLC  
**Address:** 800 OLD ROSWELL LAKES PARKWAY, SUITE 250  
**City-St-Zip:** ROSWELL, GA 30076

**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 exemption stated in Chapter 119, 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:** ALAN SAKOWITZ

**PRES**

**10/15/2009**

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