

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000061771

1. Entity Name  
2703 LA PERLA, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 AUG -5 AM 10:46

Principal Place of Business  
2999 N.E. 191 STREET, STE. 900  
C/O ADAM R. SCHIFFMAN, P.A.  
AVENTURA, FL 33180

Mailing Address  
2999 N.E. 191 STREET, STE. 900  
C/O ADAM R. SCHIFFMAN, P.A.  
AVENTURA, FL 33180

2. Principal Place of Business - No P.O. Box #  
16425 Collins Avenue

3. Mailing Address  
16425 Collins Avenue

Suite, Apt. #, etc.  
#2916

Suite, Apt. #, etc.  
#2916

City & State  
Sunny Isles, FL

City & State  
Sunny Isles, FL

Zip  
33160

Country

Zip  
33160

Country

07302008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-2997053

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R ESQ.  
2999 N.E. 191 STREET, STE. 900  
AVENTURA, FL 33180

## 7. Name and Address of New Registered Agent

Name  
Schiffman, Adam R  
Street Address (P.O. Box Number is Not Acceptable)  
2750 NE 185th Street, 2nd Floor

City  
Aventura FL 33180

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SCHIFFMAN, ADAM R  
2999 N.E. 191 STREET, STE. 900  
AVENTURA, FL 33180 ☒ Delete

## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
Landau, Greg  
16425 Collins Avenue, #2916  
Sunny Isles, FL 33160 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
300133864353  
08/01/08--01030--003 \*\*377.50

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

REINSTATEMENT 2007-08