

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000077089

1. Entity Name
SCARSDALE 39TH STREET, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -5 AM 10:21

Principal Place of Business
**956 SCARSDALE COURT
ARLINGTON HEIGHTS, IL 60005**

Mailing Address
**956 SCARSDALE COURT
ARLINGTON HEIGHTS, IL 60005**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	

**18851 NE 29th Avenue
Suite 900
Aventura, FL
33180 U.S.A.**



04272006 REIN-LLC CR2E101 (11/05)

4. FEI Number **20-4803746**

Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**SCHUMACHER, LORI ESQ
18851 N.E. 29TH AVENUE, STE. 900
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name **Mark E. Rouso, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th Avenue, Suite 900

City **Aventura** FL Zip Code **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]* (NOTE: Registered Agent signature required when reinstating) DATE **5-3-06**

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODMAN, MITCH 956 SCARSDALE COURT ARLINGTON HEIGHTS, IL 60005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600075970856 06/08/06--01005--023 **200.00
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
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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: *[Signature]* **MITCH GOODMAN MGRM** DATE **5-3-06** DAYTIME PHONE # **786-279-0000**