

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000083570

Entity Name: 1301 BOCA, LLC

FILED
Oct 13, 2009
Secretary of State

Current Principal Place of Business:

835 NW 5TH AVENUE
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

835 NW 5TH AVENUE
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-1892664 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:

FRIEDMAN, EDWARD S
835 NW 5TH AVENUE
BOCA RATON, FL 33432 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: EDWARD FRIEDMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRIEDMAN, EDWARD S
Address: 835 NW 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: LOMBARDI, RONALD
Address: 768 WEST CAMINO REAL
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Delete
Name: DURAN, PEDRO
Address: 1301 NW 17TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDWARD FRIEDMAN

MGR

10/13/2009

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