

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000007895

1. Entity Name
11655 OLD DIXIE HIGHWAY LLC



FILED

07 MAY 23 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
812 NW 1ST STREET
FORT LAUDERDALE, FL 33311

Mailing Address
812 NW 1ST STREET
FORT LAUDERDALE, FL 33311

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAMERAU, DAVID F
812 NW 1ST STREET
FORT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 obligation of the registered agent.

SIGNATURE: *DAVID DAMERAU, M.M.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/07

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
DAMERAU, DAVID F
812 NW 1ST STREET
FORT LAUDERDALE, FL 33311

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DAMERAU, DAVID P
812 NW 1ST STREET
FORT LAUDERDALE, FL 33311

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
VENDETTI, JOHN W
812 NW 1ST STREET
FORT LAUDERDALE, FL 33311

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
VENDETTI, MICHAEL F
812 NW 1ST STREET
FORT LAUDERDALE, FL 33311

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900103594059
05/31/07--01014--012 **100.00

☐ Change ☐ Addition

TITLE
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REINSTATEMENT
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☐ Change ☐ Addition

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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 608, Florida Statutes.

SIGNATURE: *DAVID DAMERAU, M.M.* 4/20/07 954-525-1032

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

Date

Business Phone #