

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 MAY 29 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L05000014066

1. Entity Name  
MIDTOWN MIAMI-LOFT 271, LLC



Principal Place of Business  
320 NASSAU BLVD.  
GARDEN CITY SOUTH, NY 11530

Mailing Address  
320 NASSAU BLVD.  
GARDEN CITY SOUTH, NY 11530

2. Principal Place of Business - No P.O. Box #  
40-4775th street

3. Mailing Address  
40-4775th st.

Suite, Apt. #, etc.

City & State  
Elmhurst, NY

City & State  
Elmhurst NY

Zip  
11373

Country  
USA

Zip  
11373

Country  
USA

03202008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
73-1726047

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MARINES, HENRY  
10300 SW 72ND ST  
SUITE 202  
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name  
same

Street Address (P.O. Box Number is Not Acceptable)  
9360 S.W. 72nd St. St. 252

City  
Miami

FL Zip Code  
33173

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 HENRY MARINES DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, XAVIER 320 NASSAU BLVD. GARDEN CITY SOUTH, NY 11530 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUAREZ, LOUIS 320 NASSAU BLVD. GARDEN CITY SOUTH, NY 11530 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTOS, HENRY 320 NASSAU BLVD. GARDEN CITY SOUTH, NY 11530 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700130426387 05/23/08-01017-012 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIETO, ALEJANDRO 320 NASSAU BLVD. GARDEN CITY SOUTH, NY 11530 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. SELLERS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUN - 2 2008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXAMINER <input type="checkbox"/> Change <input type="checkbox"/> 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: Alejandro Nieto DATE 5-20-2008 DAYTIME PHONE # 718.930.6900

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