

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2007
Secretary of State

DOCUMENT# L05000016190

Entity Name: S.W. 17TH AVENUE LLC

Current Principal Place of Business:

2000 PONCE DE LEON BLVD.
SUITE 510
CORAL GABLES, FL 33134 US

New Principal Place of Business:

1240 CASTILLE AVENUE
CORAL GABLES, FL 33134 US

Current Mailing Address:

2000 PONCE DE LEON BLVD.
SUITE 510
CORAL GABLES, FL 33134 US

New Mailing Address:

1240 CASTILLE AVENUE
CORAL GABLES, FL 33134

FEI Number: 20-0234625 **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:

RHODENIZER, SCOTT A
2000 PONCE DE LEON BLVD.
SUITE 510
CORAL GABLES, FL 33431 US

Name and Address of New Registered Agent:

RHODENIZER, SCOTT A
1240 CASTILLE AVENUE
CORAL GABLES, FL 33134 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: SCOTT A. RHODENIZER

10/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RHODENIZER, SCOTT
Address: 2000 PONCE DE LEON BLVD. SUITE 510
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RHODENIZER, SCOTT A
Address: 1240 CASTILLE AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: SCOTT A. RHODENIZER

MGR

10/14/2007

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