

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000020792

Entity Name: 78 ROAD, LLC

FILED
Oct 08, 2009
Secretary of State

Current Principal Place of Business:

555 NE 15TH STREET
SUITE 200
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

555 NE 15TH STREET
SUITE 200
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 20-2504420 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:

ROCHETTE, MATHIEU
555 NE 15TH STREET, SUITE 200
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

BARCLAY'S COMPLETE PROPERTY MANAGEMENT
555 NE 15TH STREET
SUITE 200
MIAMI, FL 33132 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: RAY HICKS

10/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CROIZET, ERIC
Address: 555 NE 15TH STREET, SUITE 200
City-St-Zip: MIAMI, FL 33132 US

Title: MGRM () Delete
Name: ROCHETTE, MATHIEU
Address: 555 NE 15TH STREET, SUITE 200
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES:

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: MATHIEU ROCHETTE

MGRM

10/08/2009

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