

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000021428

1. Entity Name
FLM MIAMI, LLCPrincipal Place of Business
12905 SOUTHWEST 132 STREET, SUITE 8
MIAMI, FL 33186Mailing Address
12905 SOUTHWEST 132 STREET, SUITE 8
MIAMI, FL 331862. Principal Place of Business - No P.O. Box #
FLM Miami LLC3. Mailing Address
8320 W Sunrise BlvdSuite, Apt. #, etc.
207

Suite, Apt. #, etc.

City & State
PlantationCity & State
FL 33322City & State
33322Country
BrowardZip
33322

Country

05182009 REIN-LLC

CR2E101 (1/07)

4. FEI Number
73-1729902Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FALCO, GREGORY J
12905 SW 132 ST., STE 8
MIAMI, FL 33186

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 obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

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
MGR
FALCO, GREGORY J
12905 SW 132 ST., STE 8
MIAMI, FL 33186 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FALCO, CHRISTOPHER A
12905 SW 132 ST., STE 8
MIAMI, FL 33186 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LEVY, ANDREW
12905 SW 132 ST., STE 8
MIAMI, FL 33186 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MAZAR, SHIMON
12905 SW 132 ST., STE 8
MIAMI, FL 33186 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
EliminateTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
EliminateTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

FILED

2009 JUN -2 PM 1:54

100156513411

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32311
05/28/09-01020-010 **277.50

REINSTATEMENT

3/21/09

C.L.