

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000032518

Entity Name: MODEL VILLAGE APTS, LLC

**FILED**  
**Feb 24, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

8925 COLLINS AVE  
#PH12J  
SURFSIDE, FL 33154

**New Principal Place of Business:**

2162 5TH AVE NW # 1  
MIAMI, FL 33137

**Current Mailing Address:**

8925 COLLINS AVE  
#PH 12J  
SURFSIDE, FL 33154

**New Mailing Address:**

PO BOX 902  
INDIAN ROCKS BEACH, FL 33785

FEI Number: 20-2614796      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:**

VIVIES, PATRICK  
700 E. DANIA BEACH BLVD., SUITE 202  
DANIA, FL 33004      US

**Name and Address of New Registered Agent:**

DAVID, MEUNIER  
2162 NW 5TH AVE  
MIAMI, FL 33137      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: DAVID MEUNIER

02/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ELBAZ, MAURICE  
Address: 8925 COLLINS AVE #PH12J  
City-St-Zip: SURFSIDE, FL 33154

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MEUNIER, DAVID  
Address: PO BOX 902  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: DAVID MEUNIER

MGR

02/24/2008

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