

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000039348

1. Entity Name
DARLING STREET II MANAGEMENT LLC



FILED
07 JUN 29 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
60 WILLIAM STREET
SUITE 200
WELLESLEY, MA 02481 US

Mailing Address
60 WILLIAM STREET
SUITE 200
WELLESLEY, MA 02481 US



2. Principal Place of Business - No P.O. Box #
20 WILLIAM STREET

3. Mailing Address
20 WILLIAM STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 130

SUITE 130

City & State
WELLESLEY, MA

City & State
WELLESLEY, MA

Zip
02481

Country
US

Zip
02481

Country
US

06132007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-2728994

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PONN, RICHARD D
1750 SE DARLING STREET
STUART, FL 32997

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 agent, if not a resident of the State of Florida

(NOTE: Registered Agent signature required when reinstating)

6/14/2007

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WILCHINS, STEPHEN N
60 WILLIAM STREET, SUITE 200
WELLESLEY, MA 02481 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PONN, RICHARD D
1750 SE DARLING STREET
STUART, FL 32997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WILCHINS, STEPHEN N
60 WILLIAM STREET, SUITE 200
WELLESLEY, MA 02481 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PONN, RICHARD D
1750 SE DARLING STREET
STUART, FL 32997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WILCHINS, STEPHEN N
20 WILLIAM STREET, SUITE 130
WELLESLEY, MA 02481 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800106017916
07/12/07--01045--024 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MRGM
WILCHINS, STEPHEN N
20 WILLIAM STREET SUITE 130
WELLESLEY, MA 02481 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 typed or printed name of signing managing member, manager, or authorized representative

6/14/2007

Date

Daytime Phone #

REINSTATEMENT

06, 07