

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000044026

Entity Name: 5625 MACDONALD, LLC

**FILED**  
**Oct 03, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

5625 MACDONALD AVENUE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1527  
KEY WEST, FL 33041

**New Mailing Address:**

FEI Number: 26-0308804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSSI, MARK  
24 HILTON HAVEN DRIVE  
KEY WEST, FL 33040 US

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

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: MARK ROSSI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: ROSSI FAMILY LIMITED PARTNERSHIP  
Address: P.O. BOX 1527  
City-St-Zip: KEY WEST, FL 33041

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MARK ROSSI

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10/03/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date