

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000049576

1. Entity Name  
SUMMIT CAPITAL MANAGEMENT GROUP, LLC



**FILED**

09 APR 21 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04152009 REIN-LLC CR2E101 (1/07)

4. FEI Number  
74-3154262

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

LEVINE, DAVID  
20283 STATE ROAD 7  
STE 300  
BOCA RATON, FL 33446

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]*

4/16/09

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$377.50**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
LEVINE, DAVID  
20283 STATE ROAD 7, STE 300  
BOCA RATON, FL 33446 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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TITLE  
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☐ Change ☐ Addition  
400150941274  
04/17/09-01004-023 \*\*\$377.50

TITLE  
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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]* DAVID C. LEVINE, Pres. 4/16/09 561-350-3737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #