

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:25

DOCUMENT # L05000052023

1. Entity Name
THE ONE HUNDRED & ELEVEN, LLC



Principal Place of Business
1177 S.E. 3RD AVENUE
FT. LAUDERDALE, FL 3331

Mailing Address
P.O. BOX 1727
WINDERMERE, FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10092006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-2910858

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

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FT. LAUDERDALE, FL 3331

Name
Norma L. Waite MD
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 1727
City
Windermere FL Zip Code
34786

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 \$50.00
After January 1, 2007, Fee will be \$100.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
WAITE, NORMA L
STREET ADDRESS
1177 S.E. 3RD AVENUE
CITY-ST-ZIP
FT. LAUDERDALE, FL 3331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
07/19/06 90092 037 \$50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #