

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000073211

FILED  
May 15, 2009  
Secretary of State

Entity Name: LEP, LLC

**Current Principal Place of Business:**

1191 PINE POINT RD  
SINGER ISLAND, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

1191 PINE POINT RD  
SINGER ISLAND, FL 33404

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

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

FINK, BRIAN L ESQ.  
CATLIN SAXON EVANS FINK KOLSKI & ROMANEZ,  
2600 DOUGLAS ROAD  
CORAL GABLES, FL 33134 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: NICHOLAS PALEOLOGOS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PALEOLOGOS, NICHOLAS  
Address: 1191 PINE POINT RD  
City-St-Zip: SINGER ISLAND, FL 33404

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: CHRIS, ZIELINSKI  
Address: 7215 SW 105 TER  
City-St-Zip: MIAMI, FL 33156

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: NICHOLAS PALEOLOGOS

MGRM

05/15/2009

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