## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000077292

Entity Name: NORTHWOOD VILLAS, LLC

2170 SOUTH MILITARY TR

WEST PALM BEACH, FL 33415

Address:

City-St-Zip:

FILED Apr 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12170 SOUTH MILITARY TR 5600 NW 102 AVENUE WEST PALM BEACH, FL 33415 US SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** 5600 NW 102 AVENUE 12170 SOUTH MILITARY TR C/O LI REALTY WEST PALM BEACH, FL 33415 US SUNRISE, FL 33351 US FEI Number: 20-3798304 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIXON, LI K 4524 GUN CLUB ROAD STE. B WEST PALM BEACH, FL 33415 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: DIXON K. LI Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete JAKUPI, LIRIM Name: Name: 632 HIBISCUS ST. Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 US City-St-Zip: Title: MGRM Title: ( ) Delete () Change () Addition LI, DIXON Name: Name: Address: 4524 GUN CLUB ROAD Address: City-St-Zip: WEST PALM BEACH, FL 33415 FL City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition WATSON, JOHN WATSON, JOHN Name: Name: 5600 NW 102 AVENUE Address: 12170 SOUTH MILITARY TR Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: SUNRISE, FL 33351 Title: MGR ( ) Delete Title: () Change () Addition Name: DEAVITT, DAVID M Name: Address: 4534 GUN CLUB RD Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CACCAVALE, ALEX Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOHN WATSON MGRM 04/02/2009