

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000078111

1. Entity Name  
8653 TWIN LAKES REALTY, LLC



FILED

07 OCT 26 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
9313 GRAND ESTATES WAY  
BOCA RATON, FL 33496

Mailing Address  
9313 GRAND ESTATES WAY  
BOCA RATON, FL 33496

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10232007 REIN-LLC 76-0799294 2007

4. FEI Number  
76-0799294

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

GOLDSTEIN, BRUCE  
9313 GRAND ESTATES WAY  
BOCA RATON, FL 33496

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 *Bruce Goldstein*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/23/07

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GOLDSTEIN, BRUCE  
9313 GRAND ESTATES WAY  
BOCA RATON, FL 33496 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000111402250  
10/26/07--01058--024 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GOLDSTEIN, DAVID  
28 SHADY TREE LANE  
PORT JEFFERSON, NY 11777 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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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:

*Bruce Goldstein* 10/23/07 Bruce Goldstein

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

Date

Daytime Phone #