

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000082199

FILED
Dec 05, 2008
Secretary of State

Entity Name: CMF LAFAYETTE PLAZA, LLC

Current Principal Place of Business:

460 NE 2ND AVE
MIAMI, FL 33132

New Principal Place of Business:

1111 PARK CENTRE BOULEVARD
202
MIAMI GARDENS, FL 33169

Current Mailing Address:

460 NE 2ND AVE
MIAMI, FL 33132

New Mailing Address:

1111 PARK CENTRE BOULEVARD
202
MIAMI GARDENS, FL 33169

FEI Number: 20-3338190 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

WILLIAMS, ANTHONY
780 FISHERMAN STREET, SUITE 300
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

WILLIAMS, ANTHONY
1111 PARK CENTRE BOULEVARD
202
MIAMI GARDENS, FL 33169 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: ANTHONY WILLIAMS

12/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE CARRIE MEEK FOUN, DATION, INC.
Address: 460 NE 2ND AVE
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THE CARRIE MEEK FOUN, DATION, INC.
Address: 1111 PARK CENTRE BOULEVARD
City-St-Zip: MIAMI GARDENS, FL 33169

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: ANTHONY WILLIAMS

ED

12/05/2008

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