

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000086277

1. Entity Name
LUCKY CHASE PEMBROKE CAY II, LLC

9/14/08



FILED

08 OCT 28 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232008 REIN-LLC CR2E101 (1/07)

Principal Place of Business
C/O DEAKTOR DEVELOPMENT INC.
1000 JOHNNANNA DR.
PITTSBURGH, PA 15237 US

Mailing Address
C/O DEAKTOR DEVELOPMENT INC.
1000 JOHNNANNA DR.
PITTSBURGH, PA 15237 US

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

4. FEI Number
20-3412983

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEAKTOR, SCOTT I
1000 JOHNNANNA DR.
PITTSBURGH, PA 15237 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900137491989
10/30/08--01044--019 **277.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

10-10-08

Date

412-366-6090

Daytime Phone #

REINSTATEMENT Without Penalty

2007-2008 re 10/29