

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000086281

1. Entity Name
LUCKY CHASE PEMBROKE CAY LP, LLC

9/14/07



FILED

08 OCT 28 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
C/O DEAKTOR DEVELOPMENT INC.
1000 JOHNNANNA DRIVE
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

04232008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-3413310

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

BSPA CORPORATE SERVICES, INC.
350 E. LAS OLAS BLVD., SUITE 1000
FT. LAUDERDALE, FL 33301

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 DRIVE
PITTSBURGH, PA 15237 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700137492087
10/30/08--01044--020 **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 2007-2008 without
Penalty up 10/29