

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000088095

1. Entity Name  
NEW DAWN ALHAMRA, LLC



Principal Place of Business  
2601 SOUTH BAYSHORE DRIVE, SUITE 200  
MIAMI, FL 33133

Mailing Address  
2601 SOUTH BAYSHORE DRIVE, SUITE 200  
MIAMI, FL 33133

FILED

2007 APR 30 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04232007 REIN-LLC CR2E101 (1/07)

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

☒ 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

ROLLNICK, NEIL S ESQ.  
2525 PONCE DE LEON BOULEVARD, SUITE 400  
MIAMI, FL 33134-6012

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 \$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  
AVILA, EDUARDO  
2601 SOUTH BAYSHORE DRIVE, SUITE 200  
MIAMI, FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000102525670  
05/15/07--01038--018 \*\*200.00

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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☐ Change ☐ Addition  
REINSTATEMENT 06-07

TITLE  
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TITLE  
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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

4/30/07

Daytime Phone #