

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000090353

**FILED**  
**Oct 21, 2009**  
**Secretary of State**

**Entity Name:** THE ISLES AT CORAL RIDGE DEVELOPMENT, LLC

**Current Principal Place of Business:**

945 SOUTH FEDERAL HIGHWAY  
OFFICE  
DANIA BEACH, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

945 SOUTH FEDERAL HIGHWAY  
OFFICE  
DANIA BEACH, FL 33004

**New Mailing Address:**

**FEI Number:** 20-3460289      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

MIAMI CENTER REGISTERED AGENTS, LLC  
201 SOUTH BISCAYNE BOULEVARD, SUITE 1700  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

STOCK AND ASSOCIATES, P.A.  
2875 NE 191 STREET  
MIAMI, FL 33180 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: ROBERT STOK, PA

10/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KATES, STEVEN A  
Address: 945 SOUTH FEDERAL HIGHWAY OFFICE  
City-St-Zip: DANIA BEACH, FL 33004

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVEN KATES

MGR

10/21/2009

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