

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000092894

Entity Name: SPIAGGIA 802, LLC

FILED  
Apr 18, 2008  
Secretary of State

**Current Principal Place of Business:**

18660 COLLINS AVENUE,  
UNIT 101  
SUNNY ISLES, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

18660 COLLINS AVENUE,  
UNIT 101  
SUNNY ISLES, FL 33160 US

**New Mailing Address:**

FEI Number: 59-3086508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BENMERGUI, ISAAC  
13899 BISCAYNE BOULEVARD  
148  
NORTH MIAMI BEACH, FL 33181 US

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

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: ISAAC BENMERGUI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRGM ( ) Delete  
Name: CHOCRON, SIMY  
Address: 18660 COLLINS AVENUE, UNIT 101  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM ( ) Delete  
Name: COHEN, ARMANDO  
Address: 18660 COLLINS AVENUE, UNIT 101  
City-St-Zip: SUNNY ISLES, FL 33160 US

**ADDITIONS/CHANGES:**

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

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: SIMY CHOCRON

MGR

04/18/2008

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