

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000100614

1. Entity Name  
721 HOLLYWOOD, LLC



FILED

2007 NOV 13 P 2:43

SECRETARY OF STATE



Principal Place of Business  
1835 E HALLANDALE BEACH BLVD #151  
HALLANDALE BEACH, FL 33009

Mailing Address  
1835 E HALLANDALE BEACH BLVD #151  
HALLANDALE BEACH, FL 33009

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

10102007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-0410125

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

RYAN, CHRISTOPHER J  
700 E DANIA BEACH BLVD  
DANIA BEACH, FL 33004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/22/07

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$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  
SEIFERTH, MARIA  
1835 E HALLANDALE BEACH BLVD #151  
HALLANDALE BEACH, FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300111363499  
10/25/07--01048--026 \*\*150.00 ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/22/07

Daytime Phone #

REINSTATEMENT 06-07