

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT -9 AM 11:22

1. Limited Liability Company's Name

Harrington Family II Villaggio LLC

2. Principal Office Address - No P.O. Box #
1451 Ocean Dr.

3. Mailing Office Address
4 Fort Seawall Terrace

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.

City & State
Miami Beach

City & State
Marblehead, MA

Zlp
33139

Country
USA

Zip
01945

Country
USA

4 State/Country of Formation
Florida, Miami Dade

5. Date Organized or Qualified To Do Business in Florida 10-14-2005

6. FBI Number
20-3655802

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **Andrew Feldman**

Street Address (P.O. Box Number is Not Acceptable)
1111 Kane Concourse

Suite, Apt. #, Etc.
200

City
Bay Harbor Islands

State	Zip Code
FL	33154

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Patricia A. Boyd f/k/a Patricia Harrington	4 Fort Se wall Terrace	Marblehead, MA 01945.
			500110516255 10/09/07 - 01011 385 **150.0

REINSTATEMENT 2006-07

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Da

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Patricia A. Boyd f/k/a Patricia Harrington