

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000101953

Entity Name: AXIS 3721 LLC

FILED  
May 20, 2009  
Secretary of State

## Current Principal Place of Business:

AXIS 3721 LLC  
10109 COBBLESTONE CREEK DR  
BOYNTON BEACH, FL 33437

## New Principal Place of Business:

AXIS 3721 LLC  
10109 COBBLESTONE CREEK DR  
BOYNTON BEACH, FL 33472

## Current Mailing Address:

AXIS 3721 LLC  
10109 COBBLESTONE CREEK DR  
BOYNTON BEACH, FL 33437

## New Mailing Address:

AXIS 3721 LLC  
10109 COBBLESTONE CREEK DR  
BOYNTON BEACH, FL 33472

FEI Number: 56-2536005      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:

ANTON, JOANN  
10109 COBBLESTONE CREEK DR  
BOYNTON BEACH, FL 33437      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: JOANN ANTON

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: ANTON, JOANN  
Address: 10109 COBBLESTONE CREEK DR  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR      ( ) Delete  
Name: ANTON, KEVIN  
Address: 10109 COBBLESTONE CREEK DR  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR      (X) Delete  
Name: HIMAYA-DELAROSA, MICHELLE  
Address: 125 AUTUMN DR  
City-St-Zip: HAUPPAUGE, NY 11788

Title: MGR      (X) Delete  
Name: DELAROSA, ERIC  
Address: 125 AUTUMN DR  
City-St-Zip: HAUPPAUGE, NY 11788

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change ( ) Addition  
Name: ANTON, JOANN  
Address: 10109 COBBLESTONE CREEK DR  
City-St-Zip: BOYNTON BEACH, FL 33472

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

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: JOANN ANTON

MGRM

05/20/2009

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