

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:31

DOCUMENT # L05000102676

1. Entity Name
VANDERBILT APPRAISAL COMPANY OF SOUTH
FLORIDA, LLC



Principal Place of Business
340 ROYAL POINCIANA WAY SUITE
4C
PALM BEACH, FL 33480 PB

Mailing Address
770 LEXINGTON AVENUE
NEW YORK, NY 10021

2. Principal Place of Business

3. Mailing Address

Suite Apt # etc

Suite Apt # etc

City & State

City & State

Zip

Country

Zip

Country

11212008 REIN-LLC CR2E101 (11/05)

4. FEI Number

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

ATTERBURY, WILLIAM
ALLEY MAAS LINDSEY
340 ROYAL POINCIANA WAY SUITE 321
PALM BEACH, FL 33480

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 807.193(2)(b) F.S. the limited liability company did not receive the prior notice

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VANDERBILT APPRAISAL HOLDINGS COMPANY, LLC
770 LEXINGTON AVENUE 16TH FLOOR
NEW YORK, NY 10021

TITLE
NAME
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CITY - ST - ZIP
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12/28/06--01038--008 **50.00

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

Andrew Fawley
12/24/06 212-4016-9200