L09000011681

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E. SELLERS

JAN 15 2009

EXAMINER

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GREENBERG TRAURIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561)650-7900
Fax Number : (561)655-6222

LIMITED LIABILITY REINSTATEMENT

IHW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$377.50

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2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000011681

1. Entity Name
IHW, LLC

Principal Place of Business	Mailing Address
820 MORRIS TURNPIKE SHORT HILLS, NJ 07078	820 MORRIS TURNPIKE SHORT HILLS, NJ 07078

[redacted]

01142009 REIN-LLC CR2E101 (1/07)

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

4. FEI Number: 20-4230253 ☐ 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
KIPPER, DAVID C/O HAVARD APARTMENTS 1501 HARVARD CIRCLE MELBOURNE, FL 32905	Name: Mark Hoffman Street Address (P.O. Box Number is Not Acceptable): c/o Harvard Apartments 1501 Harvard Circle City: Melbourne FL Zip Code: 32905

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: _____ Mark Hoffman 1/14/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.) DATE

FILE NOW!!! FEE IS $377.50

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WILF, LEONARD 820 MORRS TPKE SHORT HILLS, NJ 07079	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILF, MARK 820 MORRIS TPKE SHORT HILLS, NJ 07078	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILF, ZUGMUNT 820 MORRIS AVE SHORT HILLS, NJ 07078	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2008-2009

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: _____ Leonard Wilf, managing member 1/14/09 973-467-5000
SIGNATURE AND TYPED OR PRINTED NAME OF MGR/MBR MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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