

LD0000011681

Florida Department of State
Division of Corporations
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L. SELLERS

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

JAN 15 2009

EXAMINER

From: Account Name : GREENBERG TRAUIG (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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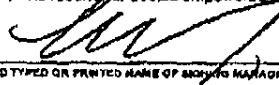
Corporate Filing Menu

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

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TALLAHASSEE FLORIDA

DOCUMENT # L06000011681			
1. Entity Name IHW, LLC			
Principal Place of Business 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078		Mailing Address 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078	
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
01142009 REIN-LLC		CR2E101 (1/07)	
4. FEI Number 20-4230263		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KIPPER, DAVID C/O HARVARD APARTMENTS 1501 HARVARD CIRCLE MELBOURNE, FL 32905		7. Name and Address of New Registered Agent Name: <u>Mark Hoffman</u> Street Address (P.O. Box Number is Not Acceptable): <u>C/O Harvard Apartments</u> <u>1501 Harvard Circle</u> City: <u>Melbourne</u> FL Zip Code: <u>32905</u>	
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 his applicable		DATE <u>1/14/09</u> 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 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, 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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 submit this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE <u>1/14/09</u> Date	

REINSTATEMENT

2008-2009

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