

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000018653

Entity Name: CORAL CLIFFS, LLC

FILED
Sep 30, 2009
Secretary of State

Current Principal Place of Business:

3400 SW 26TH TERRACE
A4
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

3400 SW 26TH TERRACE
A4
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 20-4375691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

DUMAS, CHLOE
3040 NE 190 STREET #315
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

DOAN, CHLOE OWNE
306 SW 15 TH STREET
FORT LAUDERDALE, FL 33315 US

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: CHLOE DOAN

09/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUMAS, CHLOE
Address: 3040 NE 190 STREET #315
City-St-Zip: AVENTURA, FL 33180 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOAN, CHLOE
Address: 306 SW 15TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: CO-O () Change (X) Addition
Name: DOAN, DAVID
Address: 306 SW 15TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33315 US

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: DAVID TRI DOAN

CO-O

09/30/2009

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