

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000026939

1. Entity Name  
SOLE MIAMI PARTNERS, LLC



Principal Place of Business  
17315 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160

Mailing Address  
17315 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160



10312008 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

4. FEI Number  
20-4583891

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

ZELKOWITZ, STEVEN W  
C/O GRAY ROBINSON, P.A.  
401 EAST LAS OLAS BLVD., SUITE 1850  
FT. LAUDERDALE, FL 33301

Name Steven W. Zelkowitz  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Gray Robinson, P.A.  
1221 Brickell Avenue, Suite 1650  
City Miami FL Zip Code 33131

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 \$238.75  
After January 1, 2009, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME FEELEY, THOMAS  
STREET ADDRESS 500 FIRST STREET  
CITY-ST-ZIP HOBOKEN, NJ 07030 ☐ Delete

TITLE  
NAME 800137951198  
STREET ADDRESS 11/14/08--01056--010 \*\*\$238.75  
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

TITLE  
NAME  
STREET ADDRESS REINSTATEMENT 2008  
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

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

11/12/08

Date

305-416-6880

Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2008

STEVEN W. ZELKOWITZ ESQ.  
GRAYROBINSON P.A.  
1221 BRICKELL AVENUE, STE. 1650  
MIAMI, FL 33131

SUBJECT: SOLE MIAMI PARTNERS, LLC  
Ref. Number: L06000026939

We have received your document for SOLE MIAMI PARTNERS, LLC and your check(s) totaling \$377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate this entity is \$238.75 and the enclosed reinstatement form must be submitted. The registered agent may be updated on the reinstatement filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 708A00055807