

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000029835

Entity Name: MUIR WOODS, LLC

FILED  
Oct 09, 2007  
Secretary of State

**Current Principal Place of Business:**

1323 SE THIRD AVENUE  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

1323 SE THIRD AVENUE  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 20-4534532      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:**

**Name and Address of New Registered Agent:**

FORMAN, H. COLLINS  
1323 SE 3RD AVENUE  
FT. LAUDERDALE, FL 33316      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: H. COLLINS FORMAN, JR.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FORMAN, H COLLINS JR.  
Address: 1323 SE 3RD AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM ( ) Delete  
Name: FORMAN, M. AUSTIN  
Address: 888 SE 3RD AVENUE, STE. 501  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: H. COLLINS FORMAN, JR.

MGR

10/09/2007

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