

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000048846

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** LEHIGH TOWN CENTRE, LLC

**Current Principal Place of Business:**

5551 LUCKETT RD  
FORT MYERS, FL 33905 US

**New Principal Place of Business:**

**Current Mailing Address:**

5551 LUCKETT RD  
FORT MYERS, FL 33905 US

**New Mailing Address:**

**FEI Number:** 20-4900559      **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:**

NOTTURNO, KENNETH C  
5551 LUCKETT ROAD  
FORT MYERS, FL 33905 US

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

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:** KENNETH C. NOTTURNO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HARP MANAGEMENT, LLC  
**Address:** 5551 LUCKETT RD  
**City-St-Zip:** FORT MYERS, FL 33905 US

I hereby 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:** AVI HARPAZ

MMBR

01/04/2010

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