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Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
LENOX COURT PARTNERS, LLC

Certificate of Status	0
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Page Count	02
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # L06000060922

1. Limited Liability Company's Name

Lenox Court Partners, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2950 S.W. 27th Avenue		2950 S.W. 27th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 200		Suite 200	
City & State		City & State	
Miami, FL		Miami	
Zip	Country	Zip	Country
33133	USA	33133	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 06/14/2006

6. FEI Number: 26-0847277 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Brian J. McDonough

Street Address (P.O. Box Number is Not Acceptable): 2200 Museum Tower, 150 West Flagler Street

Suite, Apt. #, Etc.:

City	State	Zip Code
Miami	FL	33130

9. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 10/26/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Lloyd J. Boggio	2950 SW 27th Street, Suite 200	Miami, FL 33133
MGRM	The Sagra, LLC	2400 S. Dixie Hwy	Miami, FL 33133

REINSTATEMENT 2010
10-29-10 CR

11. E-mail Address: _____ (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 10/26/10 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____