

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A.
Account Number : 120000000117
Phone : (352) 732-7218
Fax Number : (352) 732-0017

L. SELLERS

JAN 24 2008

EXAMINER

LIMITED LIABILITY REINSTATEMENT

OCALA TOWNHOUSES LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$382.50

RECEIVED
08 JAN 23 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JAN 23 PM 12:29
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TALLAHASSEE, FLORIDA

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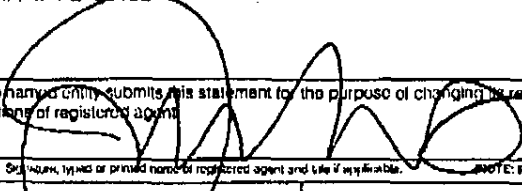
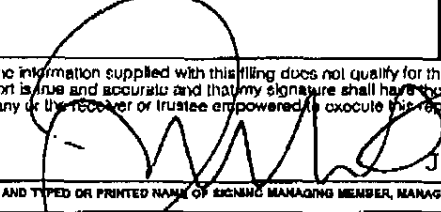
Jan. 23. 2008 3:00PM

No. 5320 P. 2

**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT****FILED**

2008 JAN 23 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000068800			
1. Entity Name OCALA TOWNHOUSES LLC			
Principal Place of Business C/O MEIR C. WEISS 1573 49TH STREET BROOKLYN, NY 11219 US		Mailing Address C/O MEIR C. WEISS 1573 49TH STREET BROOKLYN, NY 11219 US	
2. Principal Place of Business - No P.O. Box # c/o Shimon Posen		3. Mailing Address 5949 Bent Pine Drive	
Suite Apt. # etc. 199 Lee Avenue, #277		Suite Apt. # etc.	
City & State Brooklyn, NY		City & State Orlando, FL	
Zip 11211	Country USA	Zip 32882	Country USA
4. FEI Number 20-5378011		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WEISS, MEIR C 970 N.E. 177TH STREET NORTH MIAMI FL 33402		7. Name and Address of New Registered Agent Name Jose H. Cortes, Jr., Esq. Street Address (P.O. Box Number is Not Acceptable) 4 Southeast Broadway City Ocala FL Zip Code 34470	
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 		Jose H. Cortes, Jr. January 23, 2008 DATE	
FILE NOW! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Shimon Posen 199 Lee Avenue, #277, Brooklyn, NY 11211 ☐ 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 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
REINSTATEMENT			
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: 		(352) 732-7218 Jose H. Cortes, Jr., Auth. Agent 1/23/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	