

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 AUG 25 A 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08062008 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L06000080343</b> 1. Entity Name 1302 13TH AVENUE WEST, LLC			
Principal Place of Business 110 WESTWAY DRIVE SARASOTA, FL 34236		Mailing Address 110 WESTWAY DRIVE SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box # 52 Fairgreen Place Suite, Apt. #, etc.		3. Mailing Address 52 Fairgreen Place Suite, Apt. #, etc.	
City & State Chestnut Hill, MA Zip Country 02467		City & State Chestnut Hill, MA Zip Country 02467	
4. FEI Number 20-5375987		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  DOERR, KENNETH D 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Hanan, Benjamin R. Street Address (P.O. Box Number is Not Acceptable) 240 S. Pineapple Ave., 10th Floor City State Zip Code Sarasota FL 34236	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 8/22/08	
<b>FILE NOW!!! FEE IS \$377.50</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREED, JUSTIN 110 WESTWAY DRIVE SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	52 Fairgreen Place Chestnut Hill, MA 02467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROGER, SUZANNE 110 WESTWAY DRIVE SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	52 Fairgreen Place Chestnut Hill, MA 02467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900134953139 08/26/08--01003--002 **755.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
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:		Justin Freed, Manager	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 8/16/08 Daytime Phone #: 517-939-3921	

REINSTATEMENT 07-08

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