

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 2:40



DOCUMENT # L0600084569

1. Entity Name
**SOUTHEAST OVERTONW/PARK WEST PARKING LOT
MAINTENANCE AND LANDSCAPING, LLC**

Principal Place of Business
**100 SE 2ND STREET, STE. 2650
MIAMI, FL 33131**

Mailing Address
**100 SE 2ND STREET, STE. 2650
MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



10042007 REIN-LLC CR2E101 (1/07)

4. FEI Number

N/A

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIRMELLI, ANDREW
1210 MICHIGAN AVENUE
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM
NAME: MIRMELLI, ANDREW Delete
STREET ADDRESS: 1210 MICHIGAN AVENUE
CITY-ST-ZIP: MIAMI BEACH, FL 33139

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: MGRM Delete
NAME: WARD, EDWARD
STREET ADDRESS: 1000 NW 1ST AVENUE, APT. 18
CITY-ST-ZIP: MIAMI, FL 33136

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
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STREET ADDRESS: Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/4/07

Date

(305) 347-3262

Daytime Phone #

REINSTATEMENT
WOP 2007