

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000091263

Entity Name: EMERALD DRIVE LLC

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

12366 EQUINE LANE
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

10117 CLUBHOUSE TURN RD
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 20-5624863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

JOSH, JAFFE A
10117 CLUBHOUSE TURN RD
LAKE WORTH, FL 33467 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: JOSHUA JAFFE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BEATRICE, JAFFE
Address: 12366 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGR () Delete
Name: ALEXANDRA, JAFFE
Address: 10117 CLUBHOUSE TURN RD
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGR () Delete
Name: CHRISTINE, JAFFE
Address: 1631 YACHTMAN PL
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSHUA JAFFE

MGR

02/23/2009

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