

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000104381

Entity Name: NIKKI'S BEACHHOUSE, LLC

**FILED**  
**Nov 05, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1561 1/2 SUNSET DR  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

5746 SUNSET DR  
MIAMI, FL 33143

**Current Mailing Address:**

1561 1/2 SUNSET DR  
CORAL GABLES, FL 33143

**New Mailing Address:**

5746 SUNSET DR  
MIAMI, FL 33143

FEI Number: 20-5803852      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:**

MATTIOLI, ROSANA  
7224 SW 53 PL  
MIAMI, FL 33143      US

**Name and Address of New Registered Agent:**

MATTIOLI, ROSANA  
7215 SW 54 CT  
MIAMI, FL 33143      US

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: ROSANA MATTIOLI

11/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRGM ( ) Delete  
Name: MATTIOLI, ROSANA  
Address: 7224 SW 53 PL  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES:**

Title: MRGM (X) Change ( ) Addition  
Name: MATTIOLI, ROSANA  
Address: 7215 SW 54 CT  
City-St-Zip: MIAMI, FL 33143

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: ROSANA MATTIOLI

MGR

11/05/2009

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