

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000104754

Entity Name: KIMIKA CENTER LLC

FILED  
Jun 19, 2009  
Secretary of State

**Current Principal Place of Business:**

17007 W DIXIE HWY  
NORTH MIAMI BEACH, FL 33160 US

**New Principal Place of Business:**

7971 CHULAVISTA CRESCENT  
BOCA RATON, FL 33433 US

**Current Mailing Address:**

17007 W DIXIE HWY  
NORTH MIAMI BEACH, FL 33160 US

**New Mailing Address:**

7971 CHULAVISTA CRESCENT  
BOCA RATON, FL 33433 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

GABAY, DORA  
7971 CHULA VISTA  
CRESCENT BOCA RATON, FL 33433 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: DORA GABAY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GABAY, DORA  
Address: 7971 CHULA VISTA  
City-St-Zip: CRESCENT BOCA RATON, FL 33433 US

Title: MGRM ( ) Delete  
Name: CHOCRON, GABRIEL  
Address: 7971 CHULA VISTA  
City-St-Zip: CRESCENT BOCA RATON, FL 33433 US

Title: MGRM ( ) Delete  
Name: CHOCRON, SIMON  
Address: 7971 CHULA VISTA  
City-St-Zip: CRESCENT BOCA RATON, FL 33433 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: DORA GABAY

MGR

06/19/2009

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