

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000105839

1. Entity Name
CENTER LEGACY, LLC



Principal Place of Business Mailing Address
121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600 121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

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

11092007 REIN-LLC CR2E101 (1/07)

4. FEI Number

20-8577004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RENTZ, R. LARRY
121 ALHAMBRA PLAZA
PENTHOUSE 1, SUITE 1600
CORAL GABLES, FL 33134

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

TITLE MGR ☐ Delete
NAME MORRIS, W. ALLEN
STREET ADDRESS 121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR ☐ Delete
NAME GIL, YAZMIN
STREET ADDRESS 121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR ☐ Delete
NAME GRAHAM, DALE I
STREET ADDRESS 121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR ☐ Delete
NAME RENTZ, R. LARRY
STREET ADDRESS 121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS 800112376358
CITY-ST-ZIP 11/16/07--01026--003 **\$50.00

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

11-9-07

FILED

07 NOV 19 PM 3:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT