

L06000113518

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LIMITED LIABILITY REINSTATEMENT

PRESTON 121 ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$238.75

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2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L06000113518 1. Entity Name PRESTON 121 ASSOCIATES, LLC					
Principal Place of Business 20281 EAST COUNTRY CLUB DRIVE AVENTURA, FL 33180 US			Mailing Address C/O DRC, 433 SOUTH MAIN STREET SUITE 310 WEST HARTFORD, CT 06110 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. 10272008 REIN-LLC CR2E101 (1/07)			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-5943563 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code FL				8. The above named entity submits this statement for the purpose of changing its registered office in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Carla Amenta Gray</i> SPECIAL ASSISTANT SECRETARY DATE: 11/5/08	
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELENE, ALAN C/O DRC, 433 SOUTH MAIN STREET, SUITE 310 WEST HARTFORD, CT 06110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELENE, MARLA C/O DRC, 433 SOUTH MAIN STREET, SUITE 310 WEST HARTFORD, CT 06110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EISENBAUM, WAYNE C/O DRC, 433 SOUTH MAIN STREET, SUITE 310 WEST HARTFORD, CT 06110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Wayne Eisenbaum</i> SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE: 11/5/08					

REINSTATEMENT-08