

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000114015

**FILED**  
**Dec 13, 2007**  
**Secretary of State**

**Entity Name:** GREAT VIEWS, LLC

**Current Principal Place of Business:**

92 NOTTINGHAM PLACE  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

92 NOTTINGHAM PLACE  
BOYNTON BEACH, FL 33426 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COHEN, JOEL D  
92 NOTTINGHAM PLACE  
BOYNTON BEACH, FL 33436 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: JOEL D. COHEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ORLEN, MELISSA H  
Address: 19353 SKYRIDGE CIRCLE  
City-St-Zip: BOCA RATON, FL 33498 US

Title: MGR ( ) Delete  
Name: COHEN, JOEL D  
Address: 92 NOTTINGHAM PLACE  
City-St-Zip: BOYNTON BEACH, FL 33426 US

**ADDITIONS/CHANGES:**

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: MELISSA H. ORLEN

MGR

12/13/2007

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