

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000021460

1. Entity Name
3500 REALTY, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 19 PM 1:43

Principal Place of Business
3476 SW 15TH STREET
DEERFIELD BEACH, FL 33442

Mailing Address
3476 SW 15TH STREET
DEERFIELD BEACH, FL 33442



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11132008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELLER, HOWARD
4400 WEST SAMPLE ROAD, SUITE 236
COCONUT CREEK, FL 33073

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 \$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 MGR ☐ Delete
NAME ARNOLD, SUZANNE
STREET ADDRESS 3476 SW 15TH STREET
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

☐ Change ☐ Addition
500137999655
11/17/08--01050--004 **238.75

TITLE MGR ☐ Delete
NAME WISNER, CAREN
STREET ADDRESS 3476 SW 15TH STREET
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME RENNISON, TINA
STREET ADDRESS 3476 SW 15TH STREET
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

REINSTATEMENT 2008

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 #