

<b>DOCUMENT # L07000022582</b> <b>1. Entity Name</b> <b>JAFFE DIALYSIS, LLC</b>	
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09 JUL 13 PM 4:16

Principal Place of Business	Mailing Address
555 S.W. 12TH AVENUE, SUITE 101 POMPAÑO BEACH, FL 33069	555 S.W. 12TH AVENUE, SUITE 101 POMPAÑO BEACH, FL 33069

2. Principal Place of Business - No P.O. Box # <b>1821 W 27 ST</b>	3. Mailing Address <b>1821 W 27 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Miami Bch FL</i>		City & State <i>Miami Bch, FL</i>	
Zip <i>33140</i>	Country <i>DADE</i>	Zip <i>33140</i>	Country <i>DADE</i>

06162009 REIN-LLC CR2E101 (1/07)

4. FEI Number	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent	
GOLDMAN, BRUCE J ESQ 1655 LE JEUNE ROAD, SUITE 816 CORAL GABLES, FL 33134	Name <i>GOLDMAN</i>
	Street Address <i>1655</i>
	City <i>Coral</i>

7. Name and Address of New Registered Agent

MAN, BRUCE J ESQ  
P.O. Box Number is Not Acceptable  
c Jayne Road, Suite 81b  
Gables FL 33134

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] (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$377.50**

**Make check payable to  
Florida Department of State**

9.		MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MSM Patricia Jaffe 1821 W. 27 ST Miami Bch, FL 33140	<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MSM MARK JAFFE 1821 W 27 ST Miami Bch, FL 33140	<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	REINSTATEMENT 2008. 2009	<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	Delete

[illegible]

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: MARK JAFFE 6/17/09 305-5381235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Hello Tammy,

Enclosed is a check for reinstatement of Jaffe Dialysis, LLC

## **Florida Limited Liability Company**

JAFFE DIALYSIS, LLC

### **Filing Information**

<b>Document Number</b>	L07000022582
<b>FEI/EIN Number</b>	NONE
<b>Date Filed</b>	02/28/2007
<b>State</b>	FL
<b>Status</b>	INACTIVE
<b>Last Event</b>	ADMIN DISSOLUTION FOR ANNUAL REPORT
<b>Event Date Filed</b>	09/26/2008
<b>Event Effective Date</b>	NONE

I can be contacted at

[mjaffe@jaffeproperty.com](mailto:mjaffe@jaffeproperty.com)

or 305-538-1235

Thank you for your help.



Mark Jaffe



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JUL 13 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 1, 2009

JAFFE DIALYSIS, LLC  
1821 W 27 ST  
MIAMI BEACH, FL 33140

SUBJECT: JAFFE DIALYSIS, LLC  
Ref. Number: L07000022582

We have received your document for JAFFE DIALYSIS, LLC and check(s) totaling \$337.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$40.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 609A00022607