

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L07000026982

1. Entity Name
SUNNY ISLES UNICENTER LLC



2009 JAN 12 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
17395 NORTH BAY ROAD
SUNNY ISLES BEACH, FL 33160-2727

Mailing Address
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133



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

3. Mailing Address
4000 Hollywood Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 350

City & State

City & State

Hollywood, FL

Zip

Country

Zip

Country

33021

USA

12292008 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

7. Name and Address of New Registered Agent

Name Jeffrey Feinberg, Esquire

Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd.

Suite 350

City Hollywood

FL

Zip Code

33021

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

Jeffrey Feinberg

(NOTE: Registered Agent signature required when reinstating)

DATE

12/29/08

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SUTTLES, TRACY
STREET ADDRESS 17395 NORTH BAY ROAD
CITY-ST-ZIP SUNNY ISLES BEACH, FL 331602727

☐ Change ☐ Addition
200139532502
01/06/09--01012--003 **138.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition
REINSTATEMENT **08-45**

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:

Jeffrey Feinberg Esquire Jeffrey Feinberg
as authorized rep.

Date

Daytime Phone #

12/29/08 954-966-8888