

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000049383

Entity Name: 350 SW 12TH AVENUE, LLC

FILED
Oct 31, 2008
Secretary of State

Current Principal Place of Business:

350 SW 12TH AVENUE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

298 11TH AVENUE
NEW YORK, NY 10001

New Mailing Address:

518 WEST 29TH STREET
NEW YORK, NY 10001

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FELDMAN, CRAIG
7900 GLADES RD.
350
BOCA RATON, FL 33434 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: CRAIG FELDMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWNFELD, ALAN
Address: 298 11TH AVENUE
City-St-Zip: NEW YORK, NY 10001

Title: MGRM () Delete
Name: BROWNFELD, ROSS
Address: 298 11TH AVENUE
City-St-Zip: NEW YORK, NY 10001

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWNFELD, ALAN
Address: 518 WEST 29TH STREET
City-St-Zip: NEW YORK, NY 10001

Title: MGRM (X) Change () Addition
Name: BROWNFELD, ROSS
Address: 518 WEST 29TH STREET
City-St-Zip: NEW YORK, NY 10001

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: ALAN BROWNFELD

MGR

10/31/2008

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