

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000068368

1. Entity Name
IRONMAN KONA GROVE PROPERTY, LLC



Principal Place of Business
3022 AVIATION AVE.
COCONUT GROVE, FL 33129

Mailing Address
3022 AVIATION AVE.
COCONUT GROVE, FL 33129

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

3. Mailing Address
12200 S.W. 68th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11042008 REIN-LLC CR2E101 (1/07)

City & State

City & State
Pinecrest, Florida

4. FEI Number
26-0787331

Applied For
Not Applicable

Zip

Country

Zip

Country

33156

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

HASNER, MARK M ESQ
SUNTRUST INTERNATIONAL CENTER
ONE S.E. 3RD AVE. SUITE 2950
MIAMI, FL 33131

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)

MARK M. HASNER

11/4/08

DATE

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
John T. Marshall
12200 S.W. 68th Ave.
Pinecrest, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Ingrid V. Marshall
12200 S.W. 68th Ave.
Pinecrest, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900137745929
11/07/08-01948-008 **138.75
L. SELLERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
NOV 13 2008

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
EXAMINER

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT

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

MARK HASNER

11/4/08

Date

Daytime Phone #

(305) 371 5758

08 NOV 12 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

