

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000070118

1. Entry Name
2110 STUDIOS, LLC



FILED

2008 DEC 31 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2110 NORTH OCEAN BLVD.
FORT LAUDERDALE, FL 33305 US

Mailing Address
2110 NORTH OCEAN BLVD.
FORT LAUDERDALE, FL 33305 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 33612-3425

Name

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

City

FL

Zip Code

8. The above named entry 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

Vice-President

(NOTE: Registered Agent signature required when reinstating)

12/29/08

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TEPER, BENJAMIN
2110 NORTH OCEAN BLVD.
FORT LAUDERDALE, FL 33305

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700139406667
12/31/08--01077--012 **143.75

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
21WEST PARTNERS LLC
2110 NORTH OCEAN BLVD.
FORT LAUDERDALE, FL 33305

☐ Delete

TITLE
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☐ Change ☐ Addition

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

BENJAMIN TEPER

12.30.08

DATE

201 660 2387

DAYTIME PHONE #