

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000095764

FILED  
Nov 12, 2008  
Secretary of State

Entity Name: J&A EPIC PROPERTIES, LLC

**Current Principal Place of Business:**

350 E LAS OLAS BLVD  
STE 1700  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

350 E LAS OLAS BLVD  
STE 1700  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) 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:**

**Name and Address of New Registered Agent:**

PERLMAN, ALAN J  
350 E LAS OLAS BLVD  
STE 1700  
FT LAUDERDALE, FL 33301 US

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: ALAN J. PERLMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ASSENZIO, JOLENE  
Address: 350 E LAS OLAS BLVD - STE 1700  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGR ( ) Delete  
Name: FERRARA, ADAM  
Address: 350 E LAS OLAS BLVD - STE 1700  
City-St-Zip: FT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ADAM FERRARA

MGR

11/12/2008

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