


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV -4 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000098908 1. Entity Name PHD 219-11 L.L.C.			
Principal Place of Business 1592 BLUE JAY CIRCLE WESTON, FL 33327 US		Mailing Address 1592 BLUE JAY CIRCLE WESTON, FL 33327 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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KABARRA, ADNAN 1592 BLUE JAY CIRCLE WESTON, FL 33327		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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	MGRM	TITLE	MGRM
NAME	KABARRA, ADNAN	NAME	KABARRA, ADNAN
STREET ADDRESS	1592 BLUE JAY CIRCLE	STREET ADDRESS	1592 BLUE JAY CIRCLE
CITY-ST-ZIP	WESTON, FL 33327	CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGRM	TITLE	
NAME	PHD DEVELOPMENT, LLC	NAME	
STREET ADDRESS	1592 BLUE JAY CIRCLE	STREET ADDRESS	400137740924
CITY-ST-ZIP	WESTON, FL 33327	CITY-ST-ZIP	11/07/08--01032--011 **832.50
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Adnan Kabarra</i>		Date: <i>Oct 30 2008</i> 954 389 4746	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



10292008 REIN-LLC CR2E101 (1/07)

4. FEI Number **43-1959669** Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

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

City _____ FL Zip Code _____

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