2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT #L07000098913						' .		1 1 L. L				
1. Entity Name PHD 219-10 L.L.C.									n. 5h			
1110 213-10 E.E.G.							300,	BNOV-4 AMI	U: J4			
Principal Place	e of Business	s	Mailing Address				cı	ECRETARY OF S LLAHASSEE, F	INRIDA			
1592 BLUE J		uc	1592 BLUE JAY CIRCLE				TAT	LLAHASSEE				
WESTON, FL	33327 1	US	WESTON, FL 33327 US									
2 Principal D	logo of Ducin	anna Ma D.O. Dov.#	9 Marilian Addrson									
z. Principal P	ace or Busin	ess - No P.O. Box #	3. Mailing Address				1 (80)(5)(3		461 3 (1012) 40616 10461 (4009			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				10292008	REIN-LLC	CR2E101 (1/07))		
Çity & State			City & State				4. FEI Numb	per = Q (c Q	————	pplied For		
Zip Country			Zip	ntry	1		959669	- \$5.00 Ac	lot Applicable			
			2.p Country			5. Certificat	e of Status Desired	Fee Requir				
	6. Name	and Address of Current R	legistered Agent		Name		7. Name an	d Address of New Reg	istered Agent			
KABARRA	KABARRA, ADNAN											
1592 BLUE WESTON,					Street Address (P.O. Box Number is Not Acceptable)							
WESTON,	FL 33321	•										
				City					FL Zip Co	de		
8. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office or i	register	ed agent, or b	oth, in the State of Florid	:	n, and accept		
	ions of regist						.					
SIGNATURE .	Signature broad	or printed name of registered agent ar	od title it ecolorebe (MOT)	E: Danistas	and Amend almost		ed when reinstatin	al	DATE			
	ognature, typeo	C philips have or registered agent at	d die ii appicable. (NOT	E. Negister	an Whate ashies	are requir		1				
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 In accordance with s. 607.1 liability company did not rec								1	check payable to Department of Sta			
9.		MANAGING MEMBER	I RS/MANAGERS	10.				ADDITIONS/CI	HANGES			
TITLE	MGRM	A ADNIANI	☐ Delete	TITU		MG			☐ Change	☐ Addition		
NAME STREET ADDRESS	KABARRA 1592 BLU	A, ADNAN E JAY CIRCLE		nam Stri	eet address	KAG	BARA,	ADNAN IAY CIRCLE				
CITY-ST-ZIP	WESTON	, FL 33327		CITY	r-ST-ZIP	1370 WES	STON I	-6 33327				
TITLE	MGRM	ELODMENT LLO	☐ Delete	ţΠL	E		,		☐ Change	☐ Addition		
NAME Street address	I	PHD DEVELOPMENT, LLC 1592 BLUE JAY CIRCLE STF				FADORESS 500137740906 11/07/0801032011 **832.50						
CITY-ST-ZIP	1	WESTON, FL 33327					11/07	70801032	011 **832.	50		
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CITY-ST-ZIP					r-ST-ZIP							
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TITLE			Delete	TITL	.E		· · · · · ·		Change.	Addition		
NAME				NAM		,	· · · · · · · · · · · · · · · · · · ·	多中水中四 月月		(
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TITLE			☐ Delete	ŤΠL	£				☐ Change	Addition		
NAME STREET ADDRESS	1			NAM								
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP							
	t certify that the	e information supplied with	this filing does not qualify fo			ntained	in Chapter † 19	9, Florida Statutes. I furth	ner certify that the in	formation		
indicatéd limited lia	l on this report ability compar	rt is true and accurate and t ny or the reserver or trustee	this filing does not qualify for that my signature shall have empowered to execute this	the sam report a	e legal effects is required b	t as if m y Chapt	nade under oa ter 608, Florida	th; that I am a managing a Statutes.	g member or manaç	ger of the		
		11/01										
SIGNAT	URE:	USHAW S.	aut				Uct.	30 2008	954389	4746		
		AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	NAGER OF	R AUTHORIZED	REPRESE	NTATIVE	Date	Devtime Phone 6			