

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Feb 25, 2009**  
**Secretary of State**

DOCUMENT# L07000099318

Entity Name: 812 EASTVIEW, LLC

**Current Principal Place of Business:**

812 EASTVIEW  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

2295 CORPORATE BLVD  
SUITE 117  
BOCA RATON, FL 33431

**New Mailing Address:**

550 SE MIZNER BLVD  
#803  
BOCA RATON, FL 33432

FEI Number: 26-1482868      FEI Number Applied For ( )      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:**

BALLEN, SAMUEL D  
2295 NW CORPORATE BLVD  
SUITE 117  
BOCA RATON, FL 33431 US

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

SPRINGFIELD, CHARLES MD  
550 SE MIZNER BLVD  
#803  
BOCA RATON, FL 33432 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: CHARLES SPRINGFIELD, MD

02/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SPRINGFIELD, CHARLES MD  
Address: 812 EASTVIEW  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SPRINGFIELD, CHARLES MD  
Address: 550 SE MIZNER BLVD #803  
City-St-Zip: BOCA RATON, FL 33432

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: CHARLES SPRINGFIELD MD

MGR

02/25/2009

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