

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -3 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000104436

1. Limited Liability Company's Name

Ocean 4660, LLC

200178898232
04/29/10--01011--006 **238.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 55 E. Long Lake Rd.		3. Mailing Office Address Same	
Suite, Apt. #, etc. #204		Suite, Apt. #, etc.	
City & State Troy, MI 48085-4738		City & State	
Zip	Country	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/15/07	
6. FEI Number 33-1184883	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Lloyd Falk, Esq.

Street Address (P.O. Box Number is Not Acceptable)
600 SW 4th Avenue

Suite, Apt. #, Etc.

City
Ft. laudrerdale,

State
FL

Zip Code
33315

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Lloyd Falk

REGISTERED AGENT MUST SIGN

Date 4-23-10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Man. Mbr.	Hanna Karcho	55 E. Long Lake Rd.	Troy, MI 48085-4738

L. SELLERS

MAY - 3 2010

EXAMINER

REINSTATEMENT 2010

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Danny D...

Date

4/21/10

Daytime Phone #

(248) 645-5400

Typed or printed name of signing Managing Member/Manager