## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## FILEU **DOCUMENT # L07000106747** SECRETARY OF STALE DIVISION OF COMPORATIONS 1. Entity Name 13911-31 NW 20, LLC 08 DEC 31 AMII: LI Principal Place of Business Mailing Address 9420 SEA TURTLE LANE 9420 SEA TURTLE LANE PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Ant # etc. Suite, Apt. #, etc. 12292008 REIN-LLC CR2E101 (1/07) City & State City & State Applied For 6-Not Applicable Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HURTAK, DANIEL C Street Address (P.O. Box Number is Not Acceptable) 9420 SEA TURTLE LANE PLANTATION, FL 33324 City 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 obligation ns of registered age SIGNATURE ne of registered agent and tille if app FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to After January 1, 2009, Fee will be \$277.50 liability company did not receive the prior notice. Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. NGR TITLE ☐ Delete 10101394074200 - Addition TITLE NAME HURTAK, DANIEL C NAME 12/31/08--01080--005 \*\*138.75 STREET ADDRESS 9420 SEA TURTLE LANE STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition REINSTATEMENT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE