

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000109504

Entity Name: CIRCLE POND LLC

FILED  
Mar 05, 2009  
Secretary of State

**Current Principal Place of Business:**

3303 W. COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

3303 W. COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

17605 CIRCLE POND COURT  
BOCA RATON, FL 33496 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

ABOUD, BENNY  
3303 W. COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33309 US

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

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: BENNY ABOUD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ABOUD, BENNY  
Address: 3303 W. COMMERCIAL BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGRM ( ) Delete  
Name: FARSEDAKIS, LEWIS E  
Address: 17605 CIRCLE POND COURT  
City-St-Zip: BOCA RATON, FL 33496 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BENNY ABOUD

MGRM

03/05/2009

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