

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000111319

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Entity Name:** NORTH DROP ASSOCIATES LLC

**Current Principal Place of Business:**

1200 PONCE DE LEON BLVD.  
1ST FLOOR  
CORAL GLADES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1200 PONCE DE LEON BLVD.  
1ST FLOOR  
CORAL GLADES, FL 33134

**New Mailing Address:**

**FEI Number:** 26-1393688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABELE, CHARLES R JR.  
1200 PONCE DE LEON BLVD.  
CORAL GLADES, FL 33134 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: CRA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: ABELE, CHARLES R JR.  
Address: 1200 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: CRA

MGR

10/03/2011

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