

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000122582

FILED
Oct 27, 2009
Secretary of State

Entity Name: CAPSOUTH, LLC

Current Principal Place of Business:

5079 N DIXIE HWY
OAKLAND PARK, FL 33334 US

New Principal Place of Business:

3101 N FEDERAL HWY
FORT LAUDERDALE, FL 33306 US

Current Mailing Address:

5079 N DIXIE HWY
OAKLAND PARK, FL 33334 US

New Mailing Address:

3101 N FEDERAL HWY
FORT LAUDERDALE, FL 33306 US

FEI Number: 26-2016491 **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:

SABAAC FAMILY TRUST
ONE FINANCIAL PLAZA
1400
FT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

SABAAC FAMILY TRUST
3101 N FEDERAL HWY
FT LAUDERDALE, FL 33306 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: SABAAC FAMILY TRUST

10/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SABAAC FAMILY TRUST
Address: ONE FINANCIAL PLAZA
City-St-Zip: FT LAUDERDALE, FL 33394 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SABAAC FAMILY TRUST
Address: 3101 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33306 US

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: SABAAC FAMILY TRUST

MGR

10/27/2009

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