

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 APR 18 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L08000014442

1. Limited Liability Company's Name

**MARC NATHANSON & ASSOCIATES, LLC**

600193378016  
02/04/11--01036--007 \*\*243.75  
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

**11584 WINCHESTER DRIVE**

Suite, Apt. #, etc.

City & State

**PALM BEACH GARDENS, FL**

Zip

**33410**

Country

**US**

3. Mailing Office Address

**11584 WINCHESTER DRIVE**

Suite, Apt. #, etc.

City & State

**PALM BEACH GARDENS, FL**

Zip

**33410**

Country

**US**

4. State/Country of Formation

**FLORIDA/USA**

5. Date Organized or Qualified  
To Do Business in Florida

**02/08/2008**

6. FEI Number

**261952284**

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**MARC NATHANSON**

Street Address (P.O. Box Number is Not Acceptable)

**11584 WINCHESTER DRIVE**

Suite, Apt. #, Etc.

City

**PALM BEACH GARDENS**

State

**FL**

Zip Code

**33410**

E-mail Address:

600193378016  
04/20/11--01001--014 \*\*138.75

**MARCPBSC@GMAIL.COM**

(To be used for future annual report notices)

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

*[Signature]*

Date **02/01/2011**

REGISTERED AGENT MUST SIGN

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
MGR	MARC NATHANSON	11584 WINCHESTER DRIVE	PALM BEACH GARDENS, FL 33410

REINSTATEMENT 10-11

DB

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*[Signature]*

Date **02/01/2011**

Daytime Phone # **(561) 856-6272**

Printed or printed name of signing Managing Member/Manager **MARC NATHANSON**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2011

MARC NATHANSON & ASSOCIATES, LLC  
11584 WINCHESTER DRIVE  
PALM BEACH GARDENS, FL 33410

SUBJECT: MARC NATHANSON & ASSOCIATES, LLC  
Ref. Number: L08000014442

We have received your document for MARC NATHANSON & ASSOCIATES, LLC and your check(s) totaling \$243.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2010 through 2011; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$382.50.

There is a balance due of \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 111A00003142