

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000016644

**FILED**  
**Oct 23, 2009**  
**Secretary of State**

**Entity Name:** 1309 SOUTH FLAGLER DRIVE, LLC

**Current Principal Place of Business:**

625 N. FLAGLER DRIVE, FLOOR 9  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

163 SEMINOLE AVENUE  
PALM BEACH, FL 33480

**Current Mailing Address:**

625 N. FLAGLER DRIVE, FLOOR 9  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

163 SEMINOLE AVENUE  
PALM BEACH, FL 33480

**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:**

KATZ, MARTIN V  
625 N. FLAGLER DRIVE, FLOOR 9  
WEST PALM BEACH, FL 33401 US

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

ROSE, STEVEN H DR  
163 SEMINOLE AVENUE  
PALM BEACH, FL 33480 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: STEVEN H. ROSE

10/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: ROSE, STEVEN H DR  
Address: 163 SEMINOLE AVENUE  
City-St-Zip: PALM BEACH, FL 33480

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: STEVEN H. ROSE

MGR

10/23/2009

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