

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000022166

Entity Name: MANAGE MIAMI REALTY, LLC

FILED  
Oct 03, 2009  
Secretary of State

## Current Principal Place of Business:

653 NE 125TH STREET  
NORTH MIAMI, FL 33161

## New Principal Place of Business:

13801 NE 3RD CT  
B128  
NORTH MIAMI, FL 33161

## Current Mailing Address:

653 NE 125TH STREET  
NORTH MIAMI, FL 33161

## New Mailing Address:

13801 NE 3RD CT  
B128  
NORTH MIAMI, FL 33161

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:

RAPHAEL, ZIAD R  
653 NE 125TH STREET  
NORTH MIAMI, FL 33161 US

## Name and Address of New Registered Agent:

RAPHAEL, ZIAD R  
13801 NE 3RD CT  
B128  
NORTH MIAMI, FL 33161 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: ZIAD RAPHAEL

10/03/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RAPHAEL, ZIAD R  
Address: 653 NE 125TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: RAPHAEL, ZIAD R  
Address: 13801 NE 3RD CT B128  
City-St-Zip: NORTH MIAMI, FL 33161

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: ZIAD RAPHAEL

PR

10/03/2009

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