

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000033913

FILED
Oct 09, 2009
Secretary of State

Entity Name: MARKS SUBDIVISION APARTMENTS, LLC

Current Principal Place of Business:

17011 N. BAY ROAD, APARTMENT 519
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

17145 N. BAY ROAD, APARTMENT 4613
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17011 N. BAY ROAD, APARTMENT 519
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

17145 N. BAY ROAD, APARTMENT 4613
SUNNY ISLES BEACH, FL 33160

FEI Number: 27-1085824 **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:

ALONSO, DANIEL
17011 N. BAY ROAD, APARTMENT 519
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

ALONSO, DANIEL
17145 N. BAY ROAD, APARTMENT 4613
SUNNY ISLES BEACH, FL 33160 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: DANIEL ALONSO

10/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: ALONSO, DANIEL
Address: 17145 N. BAY ROAD, APARTMENT 4613
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: DANIEL ALONSO

P

10/09/2009

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