

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000103611

Entity Name: HIGHRISE ATM LLC

FILED
Oct 20, 2009
Secretary of State

Current Principal Place of Business:

90 SW 3RD STREET
SUITE # 2408
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

90 SW 3RD STREET
2408
MIAMI, FL 33131

New Mailing Address:

FEI Number: 26-4261338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

ALPER, OSMAN I
90 SW 3RD STREET
SUITE 2408
MIAMI, FL 33131 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: OSMAN I ALPER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALPER, OSMAN I
Address: 90 SW 3RD STREET # 2408
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: ALPER, MUTLU M
Address: 90 SW 3RD STREET # 2013
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: ALPER, MARIA E
Address: 90 SW 3RD STREET #4004
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: OSMAN I ALPER

MGR

10/20/2009

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