

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000105540

**FILED**  
**Nov 18, 2009**  
**Secretary of State**

**Entity Name:** 6966 BYRON LLC

**Current Principal Place of Business:**

14340 BISCAYNE BLVD  
N MIAMI BEACH, FL 33181 US

**New Principal Place of Business:**

**Current Mailing Address:**

14340 BISCAYNE BLVD  
N MIAMI BEACH, FL 33181 US

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For (X)**  **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:**

JACOB, FRANCIS  
14340 BISCAYNE BLVD  
N MIAMI BEACH, FL 33181 US

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

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: FRANCIS JACOB

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JACOB, FRANCIS  
Address: 14340 BISCAYNE BLVD  
City-St-Zip: N MIAMI BEACH, FL 33181 US

Title: MGRM ( ) Delete  
Name: NAE, JACOB E  
Address: 14340 BISCAYNE BLVD  
City-St-Zip: N MIAMI BEACH, FL 33181 US

**ADDITIONS/CHANGES:**

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: JACOB NAE

MGRM

11/18/2009

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