

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000007070

Entity Name: CC DORAL, LLC

**FILED**  
**Oct 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1560 S DIXIE HWY STE 205  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

135 SAN LORENZO AVENUE, SUITE #750  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1560 S DIXIE HWY STE 205  
CORAL GABLES, FL 33146

**New Mailing Address:**

135 SAN LORENZO AVENUE, SUITE #750  
CORAL GABLES, FL 33146

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

GRAGG, K LAWRENCE  
200 S BISCAYNE BLVD STE 4900  
MIAMI, FL 33131 US

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

GRAGG, K LAWRENCE  
135 SAN LORENZO AVENUE, SUITE #750  
CORAL GABLES, FL 33146 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: K. LAWRENCE GRAGG

10/20/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GRAGG, K. LAWRENCE  
Address: 135 SAN LORENZO AVENUE, SUITE #750  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR  
Name: CODINA, ARMANDO  
Address: 135 SAN LORENZO AVENUE, SUITE #750  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR  
Name: BARLICK, ANA-MARIE C  
Address: 135 SAN LORENZO AVENUE, SUITE #750  
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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: K. LAWRENCE GRAGG

MGR

10/20/2010

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