

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L09000035055

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L09000035055**

1. Limited Liability Company's Name

I. L. PARTNERS INVESTMENT LIMITED PARTERNSHIP, LLC

2010

2. Principal Office Address - No P.O. Box #

5100 NE 31ST AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5100 NE 31ST AVE

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT

City & State

LIGHTHOUSE PONT

Zip

33064

Country

USA

Zip

33064

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida

04/10/2009

6. FEI Number

X

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOEL MARCUS, CPA

Street Address (P.O. Box Number is Not Acceptable)

676 WEST PROSPECT ROAD

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33309

E-mail Address:

**200241445502
11/02/12--01024--001 **541.25**

JMARCUSCPA@YAHOO.COM

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

/s/ JOEL MARCUS

Date **10/31/2012**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	IVAN LAVERNIA	5100 NE 31ST AVE	LIGHTHOUSE POINT
			FT, 33064

REINSTATEMENT 2010-2012

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

[Signature]

Date **10/31/12**

Daytime Phone # **(954) 566-8535**

Typed or printed name of signing Managing Member/Manager **IVAN LAVERNIA**

FILED
12 NOV -2 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

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