

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000057533

Entity Name: NICOL EZER, LLC

**FILED**  
**Oct 21, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

3301 N. E. 183RD STREET  
UNIT 908  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

3301 N. E. 183RD STREET  
UNIT 908  
AVENTURA, FL 33160

**New Mailing Address:**

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

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

CHOCRON, SALVADOR  
3301 N. E. 183RD STREET  
UNIT 908  
AVENTURA, FL 33160 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: SALVADOR CHOCRON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHOCRON, SALVADOR  
Address: 3301 N. E. 183RD STREET, UNIT 908  
City-St-Zip: AVENTURA, FL 33160

Title: MGRM  
Name: EZERZER DE CHOCRON, RACHEL  
Address: 3301 N. E. 183RD STREET, UNIT 908  
City-St-Zip: AVENTURA, FL 33160

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: SALVADOR CHOCRON

MGRM

10/21/2013

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