

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000062096

Entity Name: DROME, LLC

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

16900 N. BAY RD.  
2502  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

16900 N. BAY RD.  
2502  
SUNNY ISLES, FL 33160

**New Mailing Address:**

FEI Number: 27-0438838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANTAL, ALI C  
16900 N. BAY RD.  
2502  
SUNNY ISLES, 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: ALI C. HANTAL

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HANTAL, ALI C  
Address: 16900 N. BAY RD. STE # 2502  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGR  
Name: CELENK, BORA  
Address: 17125 N. BAY RD. STE # 3407  
City-St-Zip: SUNNY ISLES, 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: ALI C. HANTAL

MGR

10/04/2010

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