

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000043181

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** 2801 UNIVERSITY OFFICE, LLC

**Current Principal Place of Business:**

2801 UNIVERSITY DR  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

2801 UNIVERSITY DR  
SUITE 201B  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

2801 UNIVERSITY DR  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

2801 UNIVERSITY DR  
SUITE 201B  
CORAL SPRINGS, FL 33065

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HAROLD WEISSMAN, P.A.  
1776 N. PINE ISLAND RD #224  
PLANTATION, FL 33322 US

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

PUGLIESE, FRANK T  
2801 UNIVERSITY DR  
SUITE 201B  
CORAL SPRINGS, FL 33065 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: FRANK T. PUGLIESE

02/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PUGLIESE, FRANK T  
Address: 2801 UNIVERSITY DR, SUITE 201B  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR  
Name: PUGLIESE, PATTY A  
Address: 2801 UNIVERSITY DR, SUITE 201B  
City-St-Zip: CORAL SPRINGS, FL 33065

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: PATTY A PUGLIESE

MGR

02/01/2012

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