

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000046950

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

**Entity Name:** AW SWFLA MOB MANAGING MEMBER, LLC

**Current Principal Place of Business:**

2801 PGA BOULEVARD  
SUITE 220  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

2801 PGA BOULEVARD  
SUITE 220  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** 45-5005707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WAXMAN, BRIAN K  
2801 PGA BOULEVARD  
SUITE 220  
PALM BEACH GARDENS, FL 33410 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:** BRIAN K. WAXMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WAXMAN, BRIAN K  
**Address:** 2801 PGA BOULEVARD, SUITE 220  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US

**Title:** MGRM  
**Name:** APPLEFIELD, PETER J  
**Address:** 2801 PGA BOULEVARD, SUITE 220  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US

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:** BRIAN K. WAXMAN

MGRM

10/07/2013

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