

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L96000000744

1. Entity Name
ANA REAL ESTATE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 14 PM 3:29

Principal Place of Business
215 WEST 83RD STREET
NEW YORK, NY 10024

Mailing Address
215 WEST 83RD STREET
NEW YORK, NY 10024



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10082007 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number
58-2253585

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, JEFFREY C
1500 SAN REMO AVENUE STE 176
CORAL GABLES, FL 33146

Name Jeffrey C. Roth
Street Address (P.O. Box Number is Not Acceptable) 866 South Dixie Highway
City Coral Gables FL Zip Code 33146

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LEEDS, ARTHUR
STREET ADDRESS 215 WEST 83RD STREET
CITY-ST-ZIP NEW YORK, NY 10024

TITLE MGRM ☐ Delete
NAME LEEDS, SUSAN
STREET ADDRESS 215 WEST 83RD STREET
CITY-ST-ZIP NEW YORK, NY 10024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 000112242190
STREET ADDRESS 11/13/07--01072--006 **50.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 2007