

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L98000001111

Entity Name: 97 PALMS SOUTH, L.C.

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3827 W. ATLANTIC AVE.  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

3827 W. ATLANTIC AVE.  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 65-0850302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GLYNN, ROBERT A  
3827 W. ATLANTIC AVE.  
DELRAY BEACH, FL 33445 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: ROBERT GLYNN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAXWELL, MATTHEW  
Address: 7939 MANOR FOREST DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33462 US

Title: MGRM  
Name: TUFTS, PAUL  
Address: 9357 CALLIANDRA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436 S

Title: MGRM  
Name: TUFTS, KATHY  
Address: 9357 CALLIANDRA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGR  
Name: GLYNN, ROBERT  
Address: 3827 WEST ATLANTIC AVE.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM  
Name: MAXWELL, KATHERYN  
Address: 7939 MANOR FOREST DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33462 US

Title: MGRM  
Name: BREADY, JEAN  
Address: 1114 DOGWOOD DRIVE  
City-St-Zip: REDDING, PA 19609 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: MATTHEW MAXWELL

MGRM

04/27/2012

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