

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

ACCT# 7119918 PROP AMOUNT \$138.75  
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 \_\_\_\_\_  
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11132008 REIN-LLC CR2E101 (1/07)

4. FEI Number: 65-0925520 Applied For: Not Applicable

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

DOCUMENT # L99000001659

1. Entity Name  
PALM BAY DEVELOPERS, L.L.C.

Principal Place of Business  
820 MORRIS TURNPIKE  
SHORT HILLS, NJ 07078

Mailing Address  
1501 HARVARD CIR.  
MELBOURNE, FL 32905

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
KIPPER, DAVID  
1501 HARVARD CIR.  
MELBOURNE, FL 32905

7. Name and Address of New Registered Agent  
Name: MARK HOFFMAN  
Street Address (P.O. Box Number is Not Acceptable):  
1501 Harvard Cir 820 Morris Turnpike Suite 402  
City: Short Hills Melbourne FL Zip Code: 32905

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75  
After January 1, 2009, Fee will be \$277.50

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILF, LEONARD A 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400138977294 12/12/08--01006--021 **138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: Dec 1 2008 DAYTIME PHONE: 973-467 5000