

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M01000000215

**FILED**  
**Oct 02, 2009**  
**Secretary of State**

**Entity Name:** MILESTONE HOSPITALITY MANAGEMENT, LLC

**Current Principal Place of Business:**

2600 N. MILITARY TRAIL  
STE 349  
BOCA RATON, FL 33431

**New Principal Place of Business:**

2600 N. MILITARY TRAIL  
STE 230  
BOCA RATON, FL 33431

**Current Mailing Address:**

2600 N. MILITARY TRAIL  
STE 349  
BOCA RATON, FL 33431

**New Mailing Address:**

2600 N. MILITARY TRAIL  
STE 230  
BOCA RATON, FL 33431

**FEI Number:** 51-0387152      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MEDNICK, SANDER  
5835 NW 21ST WAY  
BOCA RATON, FL 33496      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:** SANDER MEDNICK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** MEDNICK, SANDER  
**Address:** 5835 NW 21ST WAY  
**City-St-Zip:** BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** SANDER MEDNICK

MGR

10/02/2009

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