

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 13 PM 5:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M01000000664

1. Entity Name  
DAPPER PROPERTIES III, LLC



Principal Place of Business  
485 MADISON AVE  
19TH FLOOR  
NEW YORK, NY 10022

Mailing Address  
485 MADISON AVE  
19TH FLOOR  
NEW YORK, NY 10022



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10282008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number  
13-4157451

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$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  
ASBN LLC, C/O FAMILY MGMT CORP.  
485 MADISON AVE, 19TH FLOOR  
NEW YORK, NY 10022 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
400137623034  
11/04/08--01038--006 \*\*138.75 ☐ Change ☐ Addition

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

11/13/08

Date

212 872 9640

Daytime Phone #

REINSTATEMENT

☐ Change ☐ Addition