

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M03000003943

Entity Name: 671 NE 37, LLC

**FILED**  
**Feb 13, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

671 NE 37TH STREET  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

671 NE 37TH STREET  
OAKLAND PARK, FL 33334

**New Mailing Address:**

FEI Number: 20-0464212      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:**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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: CARINA L. DUNLAP

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PETERSEN, ALLEN D  
Address: 500 NORTH DEARBORN, 2ND FLOOR  
City-St-Zip: CHICAGO, IL 60610

Title: MGRM ( ) Delete  
Name: GHAZARRA, SEAN  
Address: 671 NE 37TH STREET  
City-St-Zip: OAKLAND PARK, FL 33334

**ADDITIONS/CHANGES:**

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

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: SEAN GHAZARRA

MGRM

02/13/2008

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