

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M99000000391

1. Entity Name
SLD PROPERTIES (GEORGIA), LLC



FILED

2007 NOV 13 P 2:38

SECRETARY OF STATE



Principal Place of Business
6640 POWERS FERRY ROAD, SUITE 100
ATLANTA, GA 30339

Mailing Address
6640 POWERS FERRY ROAD
SUITE 100
ATLANTA, GA 30339

2. Principal Place of Business - No P.O. Box #
6445 Powers Ferry Rd

Suite, Apt. #, etc.
Suite 100

City & State
Atlanta GA

Zip
30339

Country
USA

3. Mailing Address
6445 Powers Ferry Rd

Suite, Apt. #, etc.
Suite 100

City & State
Atlanta GA

Zip
30339

Country
USA

10052007 REIN-LLC

CR2E101 (1/07)

4. FEI Number
58-2340998

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOZOFF, MICHAEL
HERZFELD & RUBEN
801 BRICKELL AVE., SUITE 1501
MIAMI, FL 33131
c/o Adorno & Joss LLD
2525 Ponce de Leon Blvd.
Suite 400
Miami, FL 33134

7. Name and Address of New Registered Agent

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

Michael D. Lozoff

(NOTE: Registered Agent signature required when reinstating)

10/17/07

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOZOFF ASSOCIATES, LLC
6640 POWERS FERRY ROAD, SUITE 100
ATLANTA, GA 30339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FCGI ASSOCIATES, LLC
6640 POWERS FERRY ROAD, SUITE 100
ATLANTA, GA 30339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CONCORD VENTURES, LLC
6640 POWERS FERRY ROAD, SUITE 100
ATLANTA, GA 30339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6445 Powers Ferry Rd, Ste 100
Atlanta GA 30339

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6445 Powers Ferry Rd, Ste 100
Atlanta GA 30339

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6445 Powers Ferry Rd, Ste 100
Atlanta GA 30339

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900111195199
10/23/07--01019--015 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 07

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

Date

Daytime Phone #

Joseph H. Harman

10/12/07

(770) 952-1500