

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000152876

**Entity Name:** 645 LENOX AVENUE, LLC

**Current Principal Place of Business:**

2699 COLLINS AVENUE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

2699 COLLINS AVENUE  
MIAMI BEACH, FL 33140 US

**FEI Number:** 47-5056879

**Certificate of Status Desired:** Yes

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

COLLINS, JAMES PATRICK  
2699 COLLINS AVENUE  
MIAMI BEACH, FL 33140 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:** JAMES P. COLLINS

10/21/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	COLLINS, JIM	Name	COLLINS, MICHAEL
Address	2699 COLLINS AVENUE	Address	2699 COLLINS AVENUE
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JIM COLLINS

**AUTHORIZED MEMBER**

10/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date