

**2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
May 13, 2005  
Secretary of State**

DOCUMENT# L02000004191

Entity Name: FIGGI, LLC

**Current Principal Place of Business:**

21116 VIA VENTURA  
BOCA RATON, FL 33433

**New Principal Place of Business:**

290 NE 5TH AVNEUE, #4  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

21116 VIA VENTURA  
BOCA RATON, FL 33433

**New Mailing Address:**

290 NE 5TH AVENUE #4  
DELRAY BEACH, FL 33444

FEI Number: 03-0415203      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:**

BATCHER, NEEMI  
21116 VIA VENTURA  
BOCA RATON, FL 33433      US

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

BATCHER, NEEMI  
290 NE 5TH AVENUE #4  
DELRAY BEACH, FL 33444      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: NEEMI BATCHER

05/13/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P      ( ) Delete  
Name: BATCHER, NEEMI  
Address: 2116 VIA VENTURA  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES:**

Title: P      (X) Change ( ) Addition  
Name: BATCHER, NEEMI  
Address: 290 NE 5TH AVENUE, #4  
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NEEMI BATCHER

P

05/13/2005

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