

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000028018

FILED  
May 14, 2010  
Secretary of State

Entity Name: BOSS GROUP LLC

**Current Principal Place of Business:**

560 NW 165ST. ROAD  
MIAMI, FL 33169

**New Principal Place of Business:**

15020 SOUTH RIVER DR,  
MIAMI, FL 33167

**Current Mailing Address:**

P.O. BOX 222692  
HOLLYWOOD, FL 33022

**New Mailing Address:**

FEI Number: 86-1102950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUCKMAN, JAMES  
560 NW 165ST ROAD  
MIAMI, FL 33169 US

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

BUCKMAN, JAMES  
15020 SOUTH RIVER DR.  
MIAMI, FL 33167 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 BUCKMAN

05/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BUCKMAN, JAMES MGR  
Address: 15020 SOUTH RIVER DR.  
City-St-Zip: MIAMI, FL 33167 US

Title: MGR  
Name: MARIN, KURT MGRM  
Address: 15020 SOUTH RIVER DR.  
City-St-Zip: MIAMI, FL 33167

Title: MGR  
Name: WELLS, MACK L MGRM  
Address: 15020 SOUTH RIVER DR.  
City-St-Zip: MIAMI, FL 33167

Title: MGR  
Name: WILLIAMS, LEROY MGRM  
Address: 15020 SOUTH RIVER DR.  
City-St-Zip: MIAMI, FL 33167

Title: MGR  
Name: PARHAM, JERIMIAH MGRM  
Address: 15020 SOUTH RIVER DR.  
City-St-Zip: MIAMI, FL 33167

Title: MGR  
Name: RHODES, FERRIS L MGRM  
Address: 15020 SOUTH RIVER DR.  
City-St-Zip: MIAMI, FL 33167

I hereby 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: JAMES BUCKMAN

MGR

05/14/2010

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