

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Dec 04, 2008**  
**Secretary of State**

DOCUMENT# L05000002398

**Entity Name:** BLUME PROPERTIES, L.L.C.

**Current Principal Place of Business:**

5604 HAYES STREET  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

524 BERKLEY ST  
UNIONDALE, NY 11553 US

**Current Mailing Address:**

5604 HAYES STREET  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

524 BERKLEY ST  
UNIONDALE, NY 11553 US

**FEI Number:**  **FEI Number Applied For (X)**  **FEI Number Not Applicable ( )**  **Certificate of Status Desired (X)**   
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:**

ROSEN, PHILIP ESQ  
8551 W. SUNRISE BLVD.  
SUITE 208  
FT. LAUDERDALE, FL 33322 US

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

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: ROSEN PHILIP

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BLUME, DEMOFILDA  
Address: 5604 HAYES STREET  
City-St-Zip: HOLLYWOOD, FL 33021 US

**ADDITIONS/CHANGES:**

Title: PRE (X) Change ( ) Addition  
Name: BLUME, DEMOFILDA  
Address: 524 BERKLEY ST  
City-St-Zip: UNIONDALE, NY 11553 US

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: DEMOFILDA BLUME

PRE

12/04/2008

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