

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000051963

FILED
Jan 23, 2009
Secretary of State

Entity Name: TRIPLE 5 WEALTH MANAGEMENT, L.L.C.

Current Principal Place of Business:

20803 BISCAYNE BLVD STE 302
AVENTURA, FL 33180

New Principal Place of Business:

20900 NE 30TH AVENUE
SUITE 714
AVENTURA, FL 33180

Current Mailing Address:

20803 BISCAYNE BLVD STE 302
AVENTURA, FL 33180

New Mailing Address:

20900 NE 30TH AVENUE
SUITE 714
AVENTURA, FL 33180

FEI Number: 32-0151458 **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:

NAHUM, AVIRAM
20803 BISCAYNE BLVD STE 302
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

NAHUM, AVIRAM
20900 NE 30TH AVENUE
SUITE 714
AVENTURA, FL 33180 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: AVIRAM NAHUM

01/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NAHUM, AVIRAM
Address: 20803 BISCAYNE BLVD STE 302
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NAHUM, AVIRAM
Address: 20900 NE 30TH AVENUE STE 714
City-St-Zip: AVENTURA, FL 33180

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: AVIRAM NAHUM

MR

01/23/2009

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