

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000032916

FILED  
Sep 05, 2008  
Secretary of State

Entity Name: MCCANN OF CHARLOTTE, LLC

**Current Principal Place of Business:**

84 BUSINESS PARK DRIVE, SUITE 111  
ARMONK, NY 10504

**New Principal Place of Business:**

80 BUSINESS PARK DRIVE, SUITE 104  
ARMONK, NY 10504

**Current Mailing Address:**

84 BUSINESS PARK DRIVE, SUITE 111  
ARMONK, NY 10504

**New Mailing Address:**

80 BUSINESS PARK DRIVE, SUITE 104  
ARMONK, NY 10504

FEI Number: 20-4627405      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:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331      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: DE HOWARTH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BERGER, MARTIN  
Address: 84 BUSINESS PARK DRIVE, SUITE 111  
City-St-Zip: ARMONK, NY 10504

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: BERGER, MARTIN  
Address: 80 BUSINESS PARK DRIVE, SUITE 104  
City-St-Zip: ARMONK, NY 10504

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: MARTIN BERGER

MGRM

09/05/2008

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