

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000005840

Entity Name: MICHELE B, LLC

FILED
Oct 15, 2007
Secretary of State

Current Principal Place of Business:

2597 NW 31ST ST.
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

2597 NW 31ST ST.
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 34-1975293 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:

HART, DAVID J
2597 NW 31ST ST.
BOCA RATON, FL 33434 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: MICHELE BISMUTH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BISMUTH WEINERT, MICHELE
Address: 6 RUE DES PRIMEUERES
City-St-Zip: SEURAN, 93270 FRANCE,

Title: MGRM () Delete
Name: BISMUTH, JACOB
Address: 6 RUE DES PRIMEUERES
City-St-Zip: SEURAN, 93270 FRANCE,

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BISMUTH WEINERT, MICHELE
Address: 2597 NW 31ST STREET
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM (X) Change () Addition
Name: BISMUTH, JACOB
Address: 2597 NW 31ST STR
City-St-Zip: BOCA RATON, FL 33434 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: MICHELE BISMUTH

MRS

10/15/2007

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