

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 25 PM 1:54

DOCUMENT # L06000033666			
1. Entity Name 999 A.D.M.Y LLC			
Principal Place of Business 208 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024		Mailing Address 208 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024	
2. Principal Place of Business - No P.O. Box # 300 W 41st ST #202		3. Mailing Address SAMC	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33140	Country US	Zip	Country
6. Name and Address of Current Registered Agent ROYAL PATRICK R- 208 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name ALAIN ALTIT Street Address (P.O. Box Number is Not Acceptable) 300 W 41st SUITE 202 City MIAMI BEACH FL Zip Code 33140	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i>		DATE 06/22/08	
FILE NOW!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALTIT, ALAIN 299 COCOPLUM ROAD CORAL GABLES, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800131675908 06/25/08--01019--006 **282.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOBY, YORAM 641 5 TH AVENUE APT#22N NEW YORK, NY 10019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMUJAL, DANIEL 20870 NE 32 AVENUE AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMAR, MICHAEL 19426 39 TH AVENUE GOLDEN BEACH, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		DATE: 06/22/08 305-710-0196	