

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000010428

FILED
Oct 26, 2009
Secretary of State

Entity Name: WHISPERING WOODS CENTER L.L.C.

Current Principal Place of Business:

1150 E HALLANDALE BEACH BLVD SUITE B
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

1150 E HALLANDALE BEACH BLVD SUITE B
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

FEI Number: 04-3807047 **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:

Name and Address of New Registered Agent:

DORNBUSCH, HARRY
1150 E HALLANDALE BEACH BLVD SUITE B
MIAMI, FL 33014 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: HARRY DORNBUSCH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DORNBUSCH, HARRY
Address: 1150 E HALLANDALE BEACH BLVD SUITE B
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGR () Delete
Name: DORNBUSCH, JAIME
Address: 1150 E HALLANDALE BEACH BLVD SUITE B
City-St-Zip: HALLANDALE BEACH, FL 33009 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HARRY DORNBUSCH

MGR

10/26/2009

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