

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000069731

Entity Name: THREE TYMZ CHAI LLC

FILED  
Dec 08, 2009  
Secretary of State

## Current Principal Place of Business:

3625 N. COUNTRY CLUB DRIVE  
709  
AVENTURA, FL 33180 US

## New Principal Place of Business:

## Current Mailing Address:

3625 N. COUNTRY CLUB DRIVE  
709  
AVENTURA, FL 33180 US

## New Mailing Address:

3625 N COUNTRY CLUB DRIVE  
709  
AVENTURA, FL 33180 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
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:

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

LAW OFFICES OF AARON RESNICK, P.A.  
235 LINCOLN RD.  
310  
MIAMI BEACH, FL 33139 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: AARON RESNICK, P.A.

12/08/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CASTILLO, KRISTY G  
Address: 3625 N. COUNTRY CLUB DRIVE #709  
City-St-Zip: AVENTURA, FL 33180 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DAVID, GALAPO  
Address: 3625 N. COUNTRY CLUB DRIVE #709  
City-St-Zip: AVENTURA, FL 33180 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: DAVID GALAPO

MGRM

12/08/2009

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