

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000000464

Entity Name: DELTA TRIANGLE, LLC

FILED
Apr 04, 2008
Secretary of State

Current Principal Place of Business:

725 NORTH MAGNOLIA AVE.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

790 SUMMA AVE.
WESTBURY, NY 11590

New Mailing Address:

FEI Number: 59-3625276 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:

STONE, STEPHEN M
725 NORTH MAGNOLIA AVE.
ORLANDO, FL 32803 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: STEPHEN M. STONE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAFFER, SADIQUE
Address: 790 SUMMA AVENUE
City-St-Zip: WESTBURY, NY 11590

Title: MGRM () Delete
Name: JAFFER, MUSTAFA
Address: 1738 BRIDGEWATE DRIVE
City-St-Zip: LAKE MARY, FL 32746

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: SADIQUE JAFFER

MGRM

04/04/2008

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