2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 02, 2004
Secretary of State

DOCUMENT# L00000000997

Entity Name: LFP, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

12150 SOUTHWEST 92 AVE.
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

12150 SOUTHWEST 92 AVE.
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0642040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICE OF DANIEL LAZAR
11110 NORTH KENDALL DRIVE #200
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

LAW OFFICE OF DANIEL LAZAR
11110 NORTH KENDALL DRIVE
#200
MIAMI, FL 33176 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: DANIEL LAZAR 11/02/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: PRES ( ) Delete
Name: LAZAR, LESTER
Address: 12150 SOUTHWEST 92 AVE.
City-St-Zip: MIAMI, FL 33176

Title: S T ( ) Delete
Name: LAZAR, ROBERTA
Address: 12150 SOUTHWEST 92 AVE.
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LAZAR, LESTER
Address: 12150 SOUTHWEST 92 AVE.
City-St-Zip: MIAMI, FL 33176

Title: MGR (X) Change ( ) Addition
Name: LAZAR, ROBERTA
Address: 12150 SOUTHWEST 92 AVE.
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LESTER LAZAR MGR 11/02/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date