

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000008249

FILED
Apr 13, 2006
Secretary of State

Entity Name: DFGEOGE ENTERPRISES, LLC

Current Principal Place of Business:

8461 N.W. 29 STREET
SUNRISE, FL 33322

New Principal Place of Business:

2711 OCEAN CLUB BLVD.
APT. 204
HOLLYWOOD, FL 33019

Current Mailing Address:

PO BOX 450523
SUNRISE, FL 33345

New Mailing Address:

2711 OCEAN CLUB. BLVD.
APT. 204
HOLLYWOOD, FL 33019

FEI Number: 65-1025931 **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:

GEORGE, DEXTER F ESQ.
1818 SHERIDAN STREET
SUITE 207
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

GEORGE, DEXTER F ESQ.
213 E. SHERIDAN STREET
SUITE 3-D
DANIA, FL 33004 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: DEXTER F. GEORGE

04/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GEORGE, DEXTER F ESQ.
Address: 8461 NW 29 STREET
City-St-Zip: SUNRISE, FL 33322 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GEORGE, DEXTER F ESQ.
Address: 2711 OCEAN CLUB BLVD.
City-St-Zip: HOLLYWOOD, FL 33019 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DEXTER F. GEORGE

MGRM

04/13/2006

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