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DOCUMENT # L0000014030							· · · · · · · · · · · · · · · · · · ·				
HERTZ, NEUMARK & WARNER, L.L.C.							FILED				
Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·	01 JAN 22 PN 3:41					
4000 TOWERSIDE TERR #1105			#1105			TAL	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
MIAMI FL 33138			MIAMI FL 33138								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEIN	lumber			oplied For ot Applicable	
Zip	Country		Zip	Cour	ntry	5. Certi	ficate of Status Desired		5.00 Add		
6. Name and Address of Current R			egistered Agent		Name	7. Name	e and Address of New R	egistered Ag	ent		-
STEIN, ERIC P ESQ					Street Address (P.O. Box Number is Not Acceptable)						-
913 NORMANDY DR MIAMI BEACH FL 33141											1
WINIWII DENOTITE SOTT			ļ		City			FL	Zip Code	е	-
8. 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 _	Signature typed	or printed name of registered agent an	d title if applicable (NO	TE: Bagistore	d Agent signature requi	irad when reinstati	, , , , , , , , , , , , , , , , , , ,	DATE			
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9.		MANAGING MEMBE	DO MATARERO	140			ADDITIONS/	OLIANIOGO			_
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STREET ADDRESS CITY-ST-ZIP			,		ET ADDRESS -ST-ZIP						
11. J hereby c	ertify that the	information supplied with t	his filing does not qualify fo	or the exe	motion stated in S	Section 119.0	77(3)(i), Florida Statutes. I	further certif	that the ir	nformation	1
indicated on this report is true and accurate and that my 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAMAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Phone #											
	SIGNATURÉ A	IND TYPED OR PRINTED NAME OF	SIGNIN O-MAN AGING MEMBER, MA	ANAGER, OR	AUTHORIZED REPRE	SENTATIVE	Date	Day	ime Phone #		