## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L00000016273

Entity Name: WINGS OF TIME, LLC

Address:

City-St-Zip:

4545 N.MERIDIAN AVE.

MIAMI BEACH, FL 33140

FILED Nov 02, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 530 LINCOLN RD #200 MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 4545 N MERIDIAN AVE 530 LINCOLN ROAD #200 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33139 FEI Number: 91-2068946 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: LACHARLOTTE, SARAH 4545 N MERIDIÁN AVE MIAMI BEACH, FL 33140 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: SARAH LACHARLOTTE Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition LACHARLOTTE, PIERRE H Name: Name: Address: 4545 N. MERIDIAN AVE. Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: MEM ( ) Delete Title: () Change () Addition Name: LACHARLOTTE, SARAH B Name:

Address:

City-St-Zip:

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: SARAH LACHARLOTTE MEM 11/02/2005