

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000015998

Entity Name: NU DIMENSIONS, LLC

FILED
Nov 03, 2008
Secretary of State

Current Principal Place of Business:

3890 NW 132ND ST
BAY K
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

3890 NW 132ND ST
OPA LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 65-1123073 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:

MIKE'S TAX & ACCOUNTING, INC.
269 N. UNIVERSITY DRIVE
SUITE I
PEMBROKE PINES, FL 33024 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: MICHAEL SARABJIT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIVARASA, SIVANATHAN
Address: 3890 NW 132ND ST
City-St-Zip: OPA LOCKA, FL 33054 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIVARASA, SIVANATHAN
Address: 3890 NW 132ND ST, UNIT K
City-St-Zip: OPA LOCKA, FL 33054 US

Title: MGRM () Change (X) Addition
Name: SINNARAJAH, KUSHALAKUMARI
Address: 3890 NW 132ND ST, UNIT K
City-St-Zip: OPA LOCKA, FL 33054 US

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: SIVANATHAN SIVARASA

MGRM

11/03/2008

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