

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000004283

FILED
Apr 28, 2007
Secretary of State

Entity Name: EPEZ LLC

Current Principal Place of Business:

9601 COLLINS AVE., #PH-205
BAL HARBOUR, FL 33154

New Principal Place of Business:

20155 N.E. 38TH COURT, APT. 901
AVENTURA, FL 33180

Current Mailing Address:

9601 COLLINS AVE., #PH-205
BAL HARBOUR, FL 33154

New Mailing Address:

20155 N.E. 38TH COURT, APT. 901
AVENTURA, FL 33180

FEI Number: 02-0554821 **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:

SHPIILBERG, DAVID
9601 COLLINS AVE., #PH-205
BAL HARBOUR, FL 33154 US

Name and Address of New Registered Agent:

SHPIILBERG, DAVID
20155 NE 38TH CT
APT 901
AVENTURA, FL 33180 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: DAVID SHPIILBERG

04/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHPIILBERG MANAGEMENT, ASSOCIATES, L L C
Address: 96012 COLLINS AVENUE, #PH-205
City-St-Zip: BAL HARBOUR, FL 33154

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHPIILBERG MANAGEMENT, ASSOCIATES, L L C
Address: 20155 N.E. 38TH COURT, APT. 901
City-St-Zip: AVENTURA, FL 33180

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: DAVID SHPIILBERG

MGRM

04/28/2007

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