

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000008746

FILED
Jun 28, 2006
Secretary of State

Entity Name: WA LOVELL, LLC

Current Principal Place of Business:

3939 NW 9TH AVENUE
OAKLAND PARK, FL 33309

New Principal Place of Business:

3700 NW 10TH AVENUE
BAY #17
OAKLAND PARK, FL 33309

Current Mailing Address:

3939 NW 9TH AVENUE
OAKLAND PARK, FL 33309

New Mailing Address:

840 NE 20TH AVENUE
FORT LAUDERDALE, FL 33304 30

FEI Number: 20-0867174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

LOVELL, WILLIAM A MR.
3939 NW 9TH AVENUE
OAKLAND PARK, FL 33309 US

Name and Address of New Registered Agent:

LOVELL-DEVERT, ESQ., ROSE ANN
840 NE 20TH AVENUE
FORT LAUDERDALE, FL 33304 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: ROSE ANN LOVELL

06/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOVELL, WILLIAM A MR.
Address: 3939 NW 9TH AVENUE
City-St-Zip: OAKLAND PARK, FL 33309

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOVELL, WILLIAM A MR.
Address: 3700 NW 10TH AVENUE
City-St-Zip: OAKLAND PARK, FL 33309

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: WILLIAM A. LOVELL

MM

06/28/2006

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