

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000014008

Entity Name: N.A.P.D., L.L.C.

FILED
Dec 04, 2007
Secretary of State

Current Principal Place of Business:

3789 N.E. 209TH TERRACE
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

PO BOX 800439
AVENTURA, FL 332800439

New Mailing Address:

3789 NE 209 TH TERRACE
AVENTURA, FL 33180

FEI Number: 82-0547579 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:

PEREDNIK, DANIEL
3789 N.E. 209TH TERRACE
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

PEREDNIK, DANIEL
3789 N.E. 209TH TERRACE
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: DANIEL MARIO PEREDNIK

12/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEREDNIK, DANIEL
Address: 3789 NE 209TH TERRACE
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: PEREDNIK, MARIA JULIA
Address: 3789 NE 209TH TERRACE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANIEL MARIO PEREDNIK

MGR

12/04/2007

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