

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000015105

Entity Name: WOLFSON FAMILY, LLC

FILED  
Apr 15, 2006  
Secretary of State

## Current Principal Place of Business:

130 SOUTH UNIVERSITY DRIVE  
SUITE D  
PLANTATION, FL 33324

## New Principal Place of Business:

2801 N UNIVERSITY DR  
SUITE 306  
CORAL SPRINGS, FL 33065

## Current Mailing Address:

130 SOUTH UNIVERSITY DRIVE  
SUITE D  
PLANTATION, FL 33324

## New Mailing Address:

2801 N UNIVERSITY DR  
SUITE 306  
CORAL SPRINGS, FL 33065

FEI Number: 04-3692113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLFSON, MARK  
130 S UNIVERSITY DR  
SUITE 130  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

WOLFSON, MARK  
2801 N UNIVERSITY DR  
SUITE 306  
CORAL SPRINGS, FL 33065 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: MARK WOLFSON

04/15/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WOLFSON, MARK  
Address: 130 SOUTH UNIVERSITY DRIVE  
City-St-Zip: PLANTATION, FL 33324

Title: MGR ( ) Delete  
Name: WOLFSON, KAREN  
Address: 130 SOUTH UNIVERSITY DRIVE  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WOLFSON, MARK  
Address: 2801 N UNIVERSITY DR SUITE SUITE 306  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR (X) Change ( ) Addition  
Name: WOLFSON, KAREN  
Address: 2801 N UNIVERSITY DR SUITE 306  
City-St-Zip: CORAL SPRINGS, FL 33065

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: MARK WOLFSON

MGR

04/15/2006

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