

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000023893

1. Entity Name
GOLAN MANAGEMENT GROUP, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 24 AM 10:24

Principal Place of Business
1428 BRICKELL AVE.
RENTHOUSE
MIAMI, FL 33131

Mailing Address
4044 MERIDIAN AVE
#3A
MIAMI BEACH, FL 33140

2. Principal Place of Business
1075 NW 1ST COURT
Suite, Apt. #, etc.

3. Mailing Address
1075 NW 1ST COURT
Suite, Apt. #, etc.



01132006 REIN-LLC CR2E101 (11/05)

City & State
HAWAII FL
Zip
33009
Country
BROWARD

City & State
HAWAII FL
Zip
33009
Country
BROWARD

4. FEI Number
55-0802195
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANASTER, JOSHUA D ESQ.
1428 BRICKELL AVE.
8TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
MORRIS MERGI
Street Address (P.O. Box Number is Not Acceptable)
1075 NW 1ST COURT
City
HAWAII FL
Zip Code
33009

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X DATE 01/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	BAOZIZ, MORDECHAI	
STREET ADDRESS	4044 MERIDIAN AVE #3A	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	MGRM	☐ Delete
NAME	MERGI, MORRIS	
STREET ADDRESS	4044 MERIDIAN AVE #3A	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	MGRM	☒ Delete
NAME	BAYAN, DAVID	
STREET ADDRESS	4044 MERIDIAN AVE #3A	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1075 NW 1ST COURT	
CITY-ST-ZIP	HAWAII FL 33009	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1075 NW 1ST COURT	
CITY-ST-ZIP	HAWAII FL 33009	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	50006528545	
CITY-ST-ZIP	02/02/06-01043-003 ***100.00	
TITLE		☐ Change ☐ Addition
NAME	REINSTATEMENT	
STREET ADDRESS	05-06	
CITY-ST-ZIP	50006528545	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	02/06/06-01058-003 ***100.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: X PRESIDENT 01/16/06 854-457-8815

SIGNATURE AND TYPED OR PRINTED NAME OF SOMEONE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE