

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 27 AM 11:14

DOCUMENT # L03000000454 1. Entity Name SPERLING MANAGEMENT GROUP, LLC			
Principal Place of Business %BARNETT MANAGEMENT 7289 GARDEN RD., STE. 109 RIVIERA BEACH, FL 33404		Mailing Address %MVP 2434 NO. HARLEM AVE., STE. B ELMWOOD PARK, IL 60707	
2. Principal Place of Business <i>3680 Investment Lane</i> Suite, Apt. #, etc. <i>Unit 1</i> City & State <i>Riviera Beach FL</i>		3. Mailing Address <i>1121 Lake Cook Rd</i> Suite, Apt. #, etc. <i>Suite D</i> City & State <i>Deerfield IL</i>	
Zip <i>33404</i>		Country <i>60015</i>	
4. FEI Number 01-0759357		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODE, DAN C/O BARNETT MANAGEMENT 7289 GARDEN RD., STE. 109 RIVIERA BEACH, FL 33404		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Dan Goode</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARNETT, DANIEL S %MVP, 2434 NO. HARLEM AVE., STE. B ELMWOOD PARK, IL 60707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Barnett Daniel S 1121 Lake Cook Rd, Suite D Deerfield IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u><i>10/22/05</i></u> Daytime Phone #	

REINSTATEMENT