

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000006004

Entity Name: YUNGER YUNGER, LLC

FILED
Sep 19, 2006
Secretary of State

Current Principal Place of Business:

1626 COLLINS AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

8 E. 41ST STREET, 6TH FLOOR
NEW YORK CITY, NY 10017

New Mailing Address:

1626 COLLINS AVE
MIAMI BEACH, FL 33139

FEI Number: 26-0058878 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:

POLLSAR, STEVEN ESQ
407 LINCOLN RD., STE. 2A
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: STEVEN POLLSAR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YUNGER, ISRAEL
Address: 8 E 41ST STREET, 6TH FLOOR
City-St-Zip: NEW YORK CITY, NY 10017

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: YUNGER, ISRAEL
Address: 1626 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Change (X) Addition
Name: YUNGER, AVIVA
Address: 1626 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

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: ISRAEL YUNGER

MGR

09/19/2006

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