

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000017360

Entity Name: ANSASI, L.L.C.

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2875 NE 191ST STREET  
801 C/O DANIEL SERBER  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

20883 NE 32ND AVENUE  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 20-1050948      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:**

**Name and Address of New Registered Agent:**

SERBER, DANIEL J ESQ  
2875 NE 191ST ST.  
801  
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 SERBER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WAXMAN, DAVID J  
Address: 20883 NE 32ND AVENUE  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM ( ) Delete  
Name: HAMUI, DEBORAH  
Address: 20883 NE 32ND AVENUE  
City-St-Zip: AVENTURA, FL 33180 US

**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: DAVID WAXMAN

MGRM

10/08/2007

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