

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000018735

Entity Name: YACHTS SPA CRUISES, LLC.

**FILED**  
**Feb 02, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

5635 OAKMONT AVENUE  
HOLLYWOOD, FL 33312 US

## **New Principal Place of Business:**

5635 OAKMONT AVENUE  
SUITE 603  
HOLLYWOOD, FL 33312 US

## **Current Mailing Address:**

5635 OAKMONT AVENUE  
HOLLYWOOD, FL 33312 US

## **New Mailing Address:**

5635 OAKMONT AVENUE  
SUITE 603  
HOLLYWOOD, FL 33312 US

FEI Number: 41-2097008      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:**

FELDMAN, BERNARD  
5635 OAKMONT AVENUE  
HOLLYWOOD, FL 33312 US

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

FELDMAN, BERNARD  
5635 OAKMONT AVENUE  
SUITE 603  
HOLLYWOOD, FL 33312 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: BERNARD FELDMAN

02/02/2009

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOURI, DAVID  
Address: 401 E LAS OLAS BLVD #1180  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

## **ADDITIONS/CHANGES:**

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 HOURI

MGRM

02/02/2009

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