

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000021024

**FILED**  
**Jan 05, 2009**  
**Secretary of State**

**Entity Name:** EQUITY ADVISORS OF SOUTH FLORIDA, L.L.C.

**Current Principal Place of Business:**

9 BANCHORY CT  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

1838 JEAN MARIE DR  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

9 BANCHORY CT  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

1838 JEAN MARIE DR  
WINTER GARDEN, FL 34787

**FEI Number:** 65-1195568      **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:**

SCHARF, MICHAEL  
9 BANCHORY CT  
PALM BEACH GARDENS, FL 33418      US

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

SCHARF, MICHAEL W  
1838 JEAN MARIE DR  
WINTER GARDEN, FL 34787      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: MICHAEL W SCHARF

01/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SCHARF, MICHAEL  
Address: 9 BANCHORY CT  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: SCHARF, MICHAEL  
Address: 1838 JEAN MARIE DR  
City-St-Zip: WINTER GARDEN, FL 34787

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: MICHAEL W SCHARF

MM

01/05/2009

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