2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 08, 2006
Secretary of State

DOCUMENT# L03000022455

Entity Name: LMF, LLC

Current Principal Place of Business:

2221 NE 164TH STREET, SUITE 333
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

815 NE 6TH STREET
HALLANDALE BEACH, FL 33009

Current Mailing Address:

2221 NE 164TH STREET, SUITE 333
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

815 NE 6TH STREET
HALLANDALE BEACH, FL 33009

FEI Number: 81-0636444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

FINE, LAWRENCE M
2221 NE 164TH STREET, SUITE 333
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

FINE, LAWRENCE M
815 NE 6TH STREET
HALLANDALE BEACH, FL 33009 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: LAWRENCE M. FINE 11/08/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FINE, LAWERENCE M
Address: 2221 NE 164TH ST. #333
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FINE, LAWERENCE M
Address: 815 NE 6TH STREET
City-St-Zip: HALLANDALE BEACH, FL 33009

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: LAWRENCE M. FINE MGR. 11/08/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date