

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000038974

FILED
Oct 05, 2004
Secretary of State

Entity Name: TIME OUT, LLC

Current Principal Place of Business:

1300 ESTOR BLVD.
FT. MYERS BEACH, FL 33931

New Principal Place of Business:

1300 ESTERO BLVD.
FT. MYERS BEACH, FL 33931

Current Mailing Address:

18210 PAULSON DRIVE UNIT 6B
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 06-1711231 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:

COHEN, EYAL
18210 PAULSON DRIVE, UNIT 6B
PORT CHARLOTTE, FL 33954 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: COHEN, EYAL
Address: 749 MERRICK LANE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGRM () Delete
Name: AMSALEM, MOSHE
Address: 749 MERRICK LANE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: AMSALEM, MORDEKHAY
Address: 749 MERRICK LANE
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EYAL COHEN

MGRM

10/05/2004

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