

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000051938

FILED
Oct 06, 2004
Secretary of State

Entity Name: SCOOP E DOO LLC

Current Principal Place of Business:

848 BRICKELL KEY DRIVE #1106
MIAMI, FL 33131

New Principal Place of Business:

2330 ARCH CREEK DRIVE
NORTH MIAMI, FL 33181

Current Mailing Address:

848 BRICKELL KEY DRIVE #1106
MIAMI, FL 33131

New Mailing Address:

247 SW 8TH STREET #138
MIAMI, FL 33130

FEI Number: 41-2134747 **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:

SHARMAT, DONA
2330 ARCH CREEK DRIVE
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: HANKIN, CHAD
Address: 848 BRICKELL KEY DRIVE #1106
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Change (X) Addition
Name: SHARMAT, JEFFREY
Address: 2330 ARCH CREEK DRIVE
City-St-Zip: NORTH MIAMI, FL 33181

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: JEFFREY SHARMAT

MGRM

10/06/2004

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