

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000004506

**FILED**  
**Oct 15, 2007**  
**Secretary of State**

**Entity Name:** FIRST FRIDAYS OF FLORIDA LLC

**Current Principal Place of Business:**

PO BOX 820422  
PEMBROKE PINES, FL 33082

**New Principal Place of Business:**

10021 PINES BLVD  
SUITE C-213  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

PO BOX 820422  
PEMBROKE PINES, FL 33082

**New Mailing Address:**

**FEI Number:** 75-3031443      **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:**

ROBERTSON, TYRONE G  
2393 SW 177 TERRACE  
MIRAMAR, FL 33029      US

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

ROBERTSON, TYRONE G  
10021 PINES BLVD  
PEMBROKE PINES, FL 33024      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: TYRONE ROBERTSON

10/15/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: FULLER, ANDREW  
Address: PO BOX 820422  
City-St-Zip: PEMBROKE PINES, FL 33082 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: ANDREW FULLER

MGRM

10/15/2007

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