

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000009806

FILED  
Sep 26, 2005  
Secretary of State

**Entity Name:** FRIENDS OF MENOPAUSE, BOSTON, L.L.C

**Current Principal Place of Business:**

3389 SHERIDAN ST, STE 280  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

10400 GRIFFIN ROAD  
SUITE 103  
COOPER CITY, FL 33328

**Current Mailing Address:**

3389 SHERIDAN ST, STE 280  
HOLLYWOOD, FL 33021

**New Mailing Address:**

10400 GRIFFIN ROAD  
SUITE 103  
COOPER CITY, FL 33328

FEI Number: 68-0578267      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:**

MARK PERLMAN, PA  
1820 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009      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: MARK PERLMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: G FOUR PRODUCTIONS,, INC.  
Address: 3389 SHERIDAN ST, STE 280  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: G FOUR PRODUCTIONS,, INC.  
Address: 10400 GRIFFIN ROAD  
City-St-Zip: COOPER CITY, FL 33328

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: KATHI GLIST

P

09/26/2005

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