

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 29 AM 9:24

DOCUMENT # L04000021778

1. Entity Name
SANDE MANAGEMENT, L.L.C.



Principal Place of Business
94 CASTLE RIDGE ROAD
MANHASSET, NY 11030

Mailing Address
94 CASTLE RIDGE ROAD
MANHASSET, NY 11030

2. Principal Place of Business
7 WEST 36TH ST - 15TH FLOOR
Suits, Apt. #, etc.
C/O SWPA LLP
City & State
NEW YORK NY
Zip
10018
Country

3. Mailing Address
7 WEST 36TH ST - 15 FL
Suits, Apt. #, etc.
C/O SWPA LLP
City & State
NEW YORK NY
Zip
10018
Country

07112006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-0888263

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SANTUCCI, ROBERT
1191 E. NEWPORT CENTER DRIVE, SUITE 103
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent
Name
SAVERIO DUGLIESE
Street Address (P.O. Box Number is Not Acceptable)
3700 S OCEAN BLVD
City
HIGHLAND BEACH FL
Zip Code
33487

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 8/1/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SANTUCCI, ROBERT 94 CASTLE RIDGE ROAD MANHASSET, NY 11030 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	166 SAVERIO DUGLIESE 7 WEST 36TH ST - 15 FL NEW YORK NY 10018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000079717160 09/12/06--01031--024 **200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 05-06 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [Signature] DATE 8/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE