## 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000040859

Entity Name: FEOFFMENT HOLDINGS, LLC

FILED Nov 29, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5353 NORTH FEDERAL HIGHWAY SUITE 207

FORT LAUDERDALE, FL 33308

Current Mailing Address: New Mailing Address:

5353 NORTH FEDERAL HIGHWAY SUITE 207 FORT LAUDERDALE, FL 33308

FEI Number: 20-1225125 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

PALMER, ANTHONY E 5353 NORTH FEDERAL HIGHWAY SUITE 303 FORT LAUDERDALE, FL 33308 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: ANTHONY E. PALMER

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR

Name: PALMER, ANTHONY E

Address: 5353 NORTH FEDERAL HIGHWAY City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM

Name: VALDINI, DAVID J

Address: 5353 NORTH FEDERAL HIGHWAY City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM

Name: PALMER, ANDREW J

Address: 5353 NORTH FEDERAL HIGHWAY City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM Name: PALMER, JOEL

Address: 5353 NORTH FEDERAL HIGHWAY City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR

 Name:
 PALMER, JOEL

 Address:
 701 S 9TH STREET

 City-St-Zip:
 PHILADELPHIA, PA 19147

Title: MGR

 Name:
 PALMER, JOEL

 Address:
 701 S 9TH STREET

 City-St-Zip:
 PHILADELPHIA, PA 19147

I hereby 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 Statues.

SIGNATURE: ANTHONY E. PALMER MGR 11/29/2010

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