

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 09, 2007  
Secretary of State**

DOCUMENT# L04000093124

Entity Name: D & E MANAGEMENT, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

10500 NW 50 STREET  
SUITE 102  
SUNRISE, FL 33351

**Current Mailing Address:**

**New Mailing Address:**

10500 NW 50 STREET  
SUITE 102  
SUNRISE, FL 33351

FEI Number: 20-2170271      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:**

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

WILLIAM GREENE ASSOCIATES, PA  
2300 W SAMPLE ROAD  
SUITE 104  
POMPANO BEACH,, FL 33073 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: WILLIAM GREENE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: BEN SALMON, DANIEL  
Address: 10500 NW 50 ST #102  
City-St-Zip: SUNRISE, FL 33351

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: NAVON, ELAN  
Address: 10500 NW 50 ST #102  
City-St-Zip: SUNRISE, FL 33351

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: DANNYBEN-SALMON

PER

10/09/2007

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