

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000094330

Entity Name: 1100-1120 100TH ST., LLC

FILED
Oct 15, 2009
Secretary of State

Current Principal Place of Business:

18911 COLLINS AVENUE,#2207
SUNNY ISLE BEACH, FL 33160

New Principal Place of Business:

370 OCEAN PARKWAY
SUITE 2H
BROOKLYN, NY 11218

Current Mailing Address:

370 OCEAN PARKWAY
SUITE 2H
BROOKLYN, NY 11218

New Mailing Address:

FEI Number: 01-0830188 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:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

FISHMAN, JACOB
1385 NW 15 ST.
MIAMI, FL 33125 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: JACOB FISHMAN

10/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHERNOMORDIN, MARGARITA
Address: 370 OCEAN PARKWAY, #2H
City-St-Zip: BROOKLYN, NY 11218

Title: MGRM () Delete
Name: GOMBERG, NONNA
Address: 19333 COLLINS AVENUE, #1508
City-St-Zip: SUNNY ISLE BEACH, FL 33160

ADDITIONS/CHANGES:

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

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: MARGARITA CHERNOMORDIN

MGRM

10/15/2009

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