

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000005249

FILED
Dec 03, 2008
Secretary of State

Entity Name: WALDMAN FAMILY INVESTMENTS, LLC

Current Principal Place of Business:

38 NORTHWOODS LANE
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

2620 NE 1ST CT
9-301
BOYNTON BEACH, FL 33435 US

Current Mailing Address:

38 NORTHWOODS LANE
BOYNTON BEACH, FL 33436 US

New Mailing Address:

2620 NE 1ST CT
9-301
BOYNTON BEACH, FL 33435 US

FEI Number: 22-2295254 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

WALDMAN, ANITA H
38 NORTHWOODS LANE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

WALDMAN, ANITA H
2620 NE 1ST CT
9-301
BOYNTON BEACH, FL 33435 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: ANITA H WALDMAN

12/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALDMAN, ANITA H
Address: 38 NORTHWOODS LANE
City-St-Zip: BOYNTON BEACH, FL 33436 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALDMAN, ANITA H
Address: 2620 NE 1ST CT #9-301
City-St-Zip: BOYNTON BEACH, FL 33435 US

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: ANITA H WALDMAN

MGRM

12/03/2008

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