

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000009894

Entity Name: WHISPERING PINES, LLC

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

2655 LEJEUNE RD.  
201  
CORAL GABLES, FL 33134 US

## **New Principal Place of Business:**

262 ALMERIA AVENUE  
200  
CORAL GABLES, FL 33134 US

## **Current Mailing Address:**

PO BOX 145058  
CORAL GABLES, FL 33114 US

## **New Mailing Address:**

FEI Number: 59-3796044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BAKER, RONALD G  
2655 LEJEUNE RD.  
201  
CORAL GABLES, FL 33134 US

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

HERZOG, RONALD E  
262 ALMERIA AVENUE  
200  
CORAL GABLES, FL 33134 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: RONALD E HERZOG

02/08/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BROCK, MARK  
Address: P O BOX 145058  
City-St-Zip: CORAL GABLES, FL 33114 US

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 Statutes.

SIGNATURE: MARK BROCK

MGR

02/08/2011

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