

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000022225

FILED
Feb 06, 2007
Secretary of State

Entity Name: NABOB, LLC

Current Principal Place of Business:

332 WATKINS ROAD
PENNINGTON, NJ 08534 US

New Principal Place of Business:

121 VIA CONDADO WAY
PALM BEACH GARDENS, FL 33418 US

Current Mailing Address:

332 WATKINS ROAD
PENNINGTON, NJ 08534 US

New Mailing Address:

121 VIA CONDADO WAY
PALM BEACH GARDENS, FL 33418 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOCHMAN, ROBERT
121 VIA CONDADO WAY
PALM BEACH GARDENS, FL 33448 US

Name and Address of New Registered Agent:

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: ROBERT HOCHMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOCKMAN, ROBERT
Address: 332 WATKINS ROAD
City-St-Zip: PENNINGTON, NJ 08534 US

Title: MGR () Delete
Name: HOCKMAN, Nanci
Address: 332 WATKINS ROAD
City-St-Zip: PENNINGTON, NJ 08534 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOCHMAN, ROBERT
Address: 121 VIA CONDADO WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGR (X) Change () Addition
Name: HOCHMAN, Nanci
Address: 121 VIA CONDADO WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT HOCHMAN

MGR

02/06/2007

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