

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000032022

FILED
Nov 01, 2007
Secretary of State

Entity Name: LUCY INVESTMENTS ENTERPRISES, LLC

Current Principal Place of Business:

P.O. BOX 2668
HALLANDALE BEACH, FL 33008

New Principal Place of Business:

ONE SOUTHEAST THIRD
SUITE 1210
MIAMI, FL 33131

Current Mailing Address:

P.O. BOX 2668
HALLANDALE BEACH, FL 33008

New Mailing Address:

ONE SOUTHEAST THIRD AVE
SUITE 1210
MIAMI, FL 33131

FEI Number: 26-0110660 **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:

FILIPPONE, KRISTINA L
1850 S. OCEAN DR.
UNITE #3703
HALLANDALE BEACH, FL 33008 US

Name and Address of New Registered Agent:

LUSTIG, ROY R
ONE SOUTHEAST THIRD AVE
SUITE 1210
MIAMI, FL 33131 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: ROY R. LUSTIG

11/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FILIPPONE, KRISTINA L
Address: 1850 S. OCEAN DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33008

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FILIPPONE, KRISTINA L
Address: C/O R. LUSTIG, ESQ 1SE 3RD AVE
City-St-Zip: SUITE 1210, MIAMI, FL 33131

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: KRISTINA L. FILIPPONE

MGRM

11/01/2007

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