

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000050773

**FILED**  
**Feb 23, 2007**  
**Secretary of State**

**Entity Name:** LIFESTYLE VENTURES L.L.C.

**Current Principal Place of Business:**

3778 GARLEDA  
NORTH PORT, FL 34287 US

**New Principal Place of Business:**

3480 GARCIA ST  
NORTH PORT, FL 34287 US

**Current Mailing Address:**

3778 GARLEDA  
NORTH PORT, FL 34287 US

**New Mailing Address:**

3480 GARCIA ST  
NORTH PORT, FL 34286 US

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

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

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD  
SUITE 400  
MIAMI BEACH, FL 33139 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: CINDY LY, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEVY, LISA  
Address: 3778 GARLEDA  
City-St-Zip: NORTH PORT, FL 34287 US

Title: MGRM ( ) Delete  
Name: WOLFINGER, ABRAHAM  
Address: 3778 GARLEDA  
City-St-Zip: NORTH PORT, FL 34287 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEVY, LISA  
Address: 3480 GARCIA ST  
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGRM (X) Change ( ) Addition  
Name: WOLFINGER, ABRAHAM  
Address: 3480 GARCIA ST  
City-St-Zip: NORTH PORT, FL 34286 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: ABRAHAM WOLFINGER

MGRM

02/23/2007

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