

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000053586

Entity Name: 2 SISTERS LLC

FILED  
Oct 12, 2006  
Secretary of State

**Current Principal Place of Business:**

4464 WOODFIELD BLVD.  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

4464 WOODFIELD BLVD.  
BOCA RATON, FL 33434

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

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

LENNON, DONNA  
4464 WOODFIELD BLVD.  
BOCA RATON, FL 33434 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: DONNA LENNON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LENNON, DONNA  
Address: 4464 WOODFIELD BLVD.  
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM ( ) Delete  
Name: SILVERMAN, DENVE  
Address: 10258 LEXINGTON EST BLVD.  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DONNA LENNON

MGRM

10/12/2006

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