

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000063667

**FILED**  
**Oct 23, 2006**  
**Secretary of State**

**Entity Name:** BLUE 52, LLC

**Current Principal Place of Business:**

1926 HOLLYWOOD BLVD  
303  
HOLLYWOOD, FL 33020 US

**Current Mailing Address:**

1926 HOLLYWOOD BLVD  
303  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

8362 PINES BLVD  
163  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

8362 PINES BLVD  
163  
PEMBROKE PINES, FL 33024 US

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

GOMES, LUCIANE  
1926 HOLLYWOOD BLVD  
303  
HOLLYWOOD, FL 33020 US

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

LIOR, JHON  
8362 PINES BLVD  
163  
PEMBROKE PINES, FL 33024 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: JHON LIOR

10/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOMES, LUCIANE  
Address: 1926 HOLLYWOOD BLVD #303  
City-St-Zip: HOLLYWOOD, FL 33020 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LIOR, JHON  
Address: 8362 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33024 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: JHON LIOR

MGRM

10/23/2006

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