

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000063809

FILED
Oct 12, 2007
Secretary of State

Entity Name: PAM LEVINE ENTERPRISES LLC

Current Principal Place of Business:

C/O THE PRIVATEER SOUTH
1000 LONGBOAT CLUB ROAD, UNIT #605
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

7477 NORTHFIELD LANE
MANLIUS, NY 13104

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

LEVINE, PAMELA
C/O THE PRIVATEER SOUTH
1000 LONGBOAT CLUB ROAD, UNIT #605
LONGBOAT KEY, FL 34228 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: PAMELA LEVINE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: LEVINE, PAMELA
Address: 1000 LONGBOAT CLUB ROAD, UNIT #605
City-St-Zip: LONGBOAT KEY, FL 34228

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

Title: MGR () Delete
Name: LEVINE, EDWARD
Address: 1000 LONGBOAT CLUB ROAD, UNIT #605
City-St-Zip: LONGBOAT KEY, FL 34228

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

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: PAMELA LEVINE

MGR

10/12/2007

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