

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000073373

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** ENTOURAGE INVESTMENTS, LLC

**Current Principal Place of Business:**

17701 BISCAYNE BLVD  
3RD FLOOR  
AVENTURA, FL 33160 US

**New Principal Place of Business:**

20900 NE 30TH AVENUE # 200  
AVENTURA, FL 33180 US

**Current Mailing Address:**

17701 BISCAYNE BLVD  
3RD FLOOR  
AVENTURA, FL 33160 US

**New Mailing Address:**

20900 NE 30TH AVENUE # 200  
AVENTURA, FL 33180 US

**FEI Number:** 84-1706152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARY, JOEL  
17701 BISCAYNE BLVD  
3RD FLOOR  
AVENTURA, FL 33160 US

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

BARY, JOEL  
20900 NE 30TH AVENUE # 200  
AVENTURA, FL 33180 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: JOEL BARY

01/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHLOSER, REBECA  
Address: 20900 NE 30TH AVENUE # 200  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM  
Name: PONS, DAVID  
Address: 20900 NE 30TH AVENUE # 200  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM  
Name: BRATOS LLC  
Address: 1331 BRICKELL BAY DRIVE, UNIT 1603  
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM  
Name: ALMOSNY, REBECA  
Address: 19443 40TH CT  
City-St-Zip: GOLDEN BEACH, FL 33180

I hereby 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: DAVID PONS

MGRM

01/18/2011

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