

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000076737

FILED
Oct 13, 2009
Secretary of State

Entity Name: HALLAND HOLDING, LLC

Current Principal Place of Business:

2199 E. SILVER PALM RD
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

45 EXECUTIVE DRIVE
PH3, C/O HALLAND COMPANIES
PLAINVIEW, NY 11803

New Mailing Address:

88 SUNNYSIDE BLVD STE100
C/O HALLAND COMPANIES
PLAINVIEW, NY 11803

FEI Number: 20-3919050 **FEI Number Applied For ()** **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:

HAMBURGER, NEIL
2199 E SILVER PALM RD
BOCA RATON, FL 33432 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: NEIL HAMBURGER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAMBURGER, NEIL
Address: 2199 E SILVER PALM RD
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM (X) Delete
Name: HAMBURGER, KRIS
Address: C/O HALLAND 45 EXECUTIVE DRIVE
City-St-Zip: PLAINVIEW, NY 11803

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 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: NEIL HAMBURGER

MGRM

10/13/2009

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