

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000078342

FILED
May 29, 2008
Secretary of State

Entity Name: THE SILVERMAN & MINAHAN GROUP, LLC

Current Principal Place of Business:

975 BAYNON DRIVE
DELRAY BEACH, FL 33483

New Principal Place of Business:

1119 VISTA DEL MAR N
DELRAY BEACH, FL 33483

Current Mailing Address:

975 BAYNON DRIVE
DELRAY BEACH, FL 33483

New Mailing Address:

1119 VISTA DEL MAR N
DELRAY BEACH, FL 33483

FEI Number: 20-3308090 **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:

COLEMAN, ANTHONY G JR
3275 WEST HILLSBORO BOULEVARD STE 207
DEERFIELD BEACH, FL 33442 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: ANTHONY COLEMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MM/M () Delete
Name: DANIEL, MINAHAN MM
Address: 920 NE 16TH TERRACE UNIT 2N
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MM/M () Delete
Name: POYNER, CORT L MM
Address: 920 NE 16TH TERRACE UNIT 2N
City-St-Zip: FT. LAUDERDALE, FL 33304

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: CORT POYNER

MM/M

05/29/2008

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