2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 12, 2007
Secretary of State

DOCUMENT# L05000082119

Entity Name: G5, LLC

Current Principal Place of Business:

1180 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

New Principal Place of Business:

3900 PEMBROKE ROAD
HOLLYWOOD, FL 33021

Current Mailing Address:

1180 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

New Mailing Address:

3900 PEMBROKE ROAD
HOLLYWOOD, FL 33021

FEI Number: 20-3762623 **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:

LEVINE, CARRIE M
1111 BRICKELL AVE. SUITE 2500
MIAMI, FL 33131 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: CARRIE LEVINE

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PEISACH, ALBERTO
Address: 588 N. ISLAND
City-St-Zip: GOLDEN BCH, FL 33160

Title: MGRS ( ) Delete
Name: SASSON, MONICA
Address: 19484 39TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES:

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

Title: MGRS (X) Change ( ) Addition
Name: SASSON, MONICA
Address: 136 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

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: ALBERTO PEISACH MGR 10/12/2007

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