

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000086942

Entity Name: ASIAN DINING GROUP, LLC

**FILED**  
**Nov 16, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1200 EAST LAS OLAS BOULEVARD  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

1200 EAST LAS OLAS BOULEVARD  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 20-3401742      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:**

WONG, PETER  
10958 CRESCENDO CIRCLE  
BOCA RATON, FL 33498      US

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

WONG, PETER  
11033 SUNSET RIDGE CIRCLE  
BOYNTON BEACH, FL 33437      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: PETER WONG

11/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: WONG, PETER  
Address: 10958 CRESCENDO CIRCEL  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: WONG, PETER  
Address: 11033 SUNSET RIDGE CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER WONG

MGRM

11/16/2006

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