

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000093363

**FILED**  
**Sep 30, 2009**  
**Secretary of State**

**Entity Name:** PEARL PINES HOLDINGS, LLC

**Current Principal Place of Business:**

2245 NW 142ND WAY  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

18503 PINES BLVD  
SUITE 205  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

2245 NW 142ND WAY  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

18503 PINES BLVD  
SUITE 205  
PEMBROKE PINES, FL 33029

**FEI Number:** 20-3508082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FEINER, ROD A  
1404 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316 US

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

PEARL, SCOTT M  
2245 NW 142 WAY  
PEMBROKE PINES, FL 33028 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: SCOTT M. PEARL, OD

09/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PEARL, SCOTT M  
Address: 2245 NW 142ND WAY  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES:**

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: SCOTT M PEARL, OD

MGRM

09/30/2009

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