

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000097285

FILED
Dec 11, 2007
Secretary of State

Entity Name: STAN PROPERTY GROUPS, LLC

Current Principal Place of Business:

644 NORTHWEST 208 DRIVE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

235 BELMONT AVENUE
ELMONT, NY 11003

New Mailing Address:

FEI Number: 42-1680214 **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:

MILORD, JOSE
644 NORTHWEST 208 DRIVE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

HERIVEAUX, STANLEY MGR
644 NORTHWEST 208 DRIVE
PEMBROKE PINES, FL 33029 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: SAMANTHA SIMONS, ATTORNEY-IN-FACT

12/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HERIVEAUX, STANLEY
Address: 644 NORTHWEST 208 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR (X) Delete
Name: MILORD, JOSE
Address: 644 NORTHWEST 208 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029

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: SAMANTHA SIMONS AS ATTORNEY-IN-FACT

MGR

12/11/2007

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