2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 04, 2007
Secretary of State

DOCUMENT# L05000101173

Entity Name: AWAY BABY CARE LLC

Current Principal Place of Business:

2701 BRYAN RD.
194
PEMBROKE PARK, FL 33009

New Principal Place of Business:

300 GOLDEN ISLES DR.
118
HALLANDALE BEACH, FL 33009

Current Mailing Address:

300 GOLDEN ISLES DR.
118
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 20-3622021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

LESSNER, SHERI B
300 GOLDEN ISLES DR
118
HALLANDALE, FL 33009 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: SHERI B, LESSNER

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RIZZI, JAMES M MR.
Address: 300 GOLDEN ISLES DR. #118
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LESSNER, SHERI B MISS
Address: 300 GOLDEN ISLES DR. #118
City-St-Zip: HALLANDALE, FL 33009

Title: MGR ( ) Change (X) Addition
Name: RIZZI, JAMES M MR.
Address: 300 GOLDEN ISLES DR. #118
City-St-Zip: HALLANDALE, FL 33009

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: SHERI B, LESSNER MGRM 10/04/2007

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