## 2007 LIMITED LIABILITY COMPANY

## FILED 07 OCT 30 PH 12: 31 DOCUMENT # L05000103880 SECRETARY OF STATE TALLAHASSEE FLORIDA MIDAS CAPITAL MANAGEMENT, LLC Mailing Address Principal Place of Business 3300 UNIVERSITY DRIVE, STE 311 3300 UNIVERSITY DRIVE, STE 311 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10122007 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number plied For Not Applicable Country Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AVIEL, ODED Street Address (P.O. Box Number is Not Acceptable) 3300 UNIVERSITY DRIVE, STE 311 CORAL SPRINGS, FL 33065 City FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature. Need or printed halte of implatered agent and ittle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to After January 1, 2008, Fee will be \$100.00 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE □ Delete TITLE Change ■ Addition AVIEL, ODED 600111488346 NAME NAME 3300 UNIVERSITY DRIVE, STE 311 STREET ADDRESS STREET ADDRESS \*\*110.00 10/25/07--01041--007 CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-S1-ZIP ☐ Delete (ITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dolete TITLE ☐ Change Addition TITLE NAME NAME REINSTATEMEN STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-2IP D 0elete Change Addition TITLE TITLE HAME NAME STREET ACCRESS STREET ADDRESS City-St-ZIP 017Y-\$1-21P Delete HILE ☐ Change Addition DILE NAME NAME

11. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Forida Statutes. Hurther certify that the information indicated on this report is true and accurate and that my 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 of the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

STELET ADDRESS City-St-ZiP

SIGNATURE: TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZP

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