

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000108525

Entity Name: SAPHIRE ENTERPRISES, LLC

FILED
Oct 10, 2007
Secretary of State

Current Principal Place of Business:

3101 N. FEDERAL HWY
SUITE #301
FT LAUDERDALE, FL 33306

Current Mailing Address:

3101 N. FEDERAL HWY
SUITE #301
FT LAUDERDALE, FL 33306

New Principal Place of Business:

3101 N. FEDERAL HWY
SUITE #700
FT LAUDERDALE, FL 33306

New Mailing Address:

3101 N. FEDERAL HWY
SUITE #700
FT LAUDERDALE, FL 33306

FEI Number: 20-3756698 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:

YOLANDA, D'APUZZO
3101 N. FEDERDAL HWY
SUITE 301
FT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

YOLANDA, D'APUZZO
3101 N. FEDERDAL HWY
SUITE 700
FT LAUDERDALE, FL 33306 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: YOLANDA D'APUZZO

10/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: D'APUZZO, YOLANDA
Address: 3101 N. FEDERAL HWY #301
City-St-Zip: FT LAUDERDALE, FL 33306

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: D'APUZZO, YOLANDA
Address: 3101 N. FEDERAL HWY #700
City-St-Zip: FT LAUDERDALE, FL 33306

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: YOLANDA D'APUZZO

MGRM

10/10/2007

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