


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

|                                       |   |
|---------------------------------------|---|
| DOCUMENT # L06000004714               |  |
| 1. Entity Name<br>1-4 SARAH ROAD, LLC |   |

SECRET  
DIVISION

07 OCT 16 PM 3:44

|  |  |
|--|--|
| Principal Place of Business<br>2344 N. FEDERAL HIGHWAY<br>HOLLYWOOD, FL 33020 US | Mailing Address<br>2344 N. FEDERAL HIGHWAY<br>HOLLYWOOD, FL 33020 US |
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|--|--|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address<br>20051 NE 37th Ct |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                    |
| City & State                                   | City & State<br>Aventura FL            |
| Zip  | Country<br>33180 USA                   |

10052007 REIN-LLC CR2E101 (1/07)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-4100493                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>GOLD, TYLER A<br>1000 S. PINE ISLAND ROAD<br>SUITE 310<br>PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2008, Fee will be \$200.00 | Make check payable to<br>Florida Department of State |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TOLZ, CRAIG<br>2344 N. FEDERAL HIGHWAY<br>HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TOLZ, CRAIG<br>20051 NE 37th Court<br>Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 000110863030<br>10/16/07--01053--023 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

|   |               |                              |
|---|---------------|------------------------------|
| SIGNATURE:  | Date: 10/2/07 | Daytime Phone #: 305-4693222 |
|---|---------------|------------------------------|