

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000005856

FILED
Dec 07, 2009
Secretary of State

Entity Name: JONATHAN WOOLFSON, L.L.C.

Current Principal Place of Business:

17000 NORTH BAY ROAD
#1608
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

17150 NORTH BAY ROAD
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17000 NORTH BAY ROAD
#1608
SUNNY ISLES, FL 33160

New Mailing Address:

17150 NORTH BAY ROAD
#2409
SUNNY ISLES BEACH, FL 33160

FEI Number: 20-4125002 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:

WOOLFSON, JONATHAN
17000 NORTH BAY ROAD
#1608
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

WOOLFSON, JONATHAN
17150 NORTH BAY ROAD
SUNNY ISLES, FL 33160 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: JONATHAN WOOLFSON

12/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOOLFSON, JONATHAN
Address: 17000 NORTH BAY ROAD #1608
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WOOLFSON, JONATHAN
Address: 17150 NORTH BAY ROAD
City-St-Zip: SUNNY ISLES, FL 33160

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: JONATHAN WOOLFSON

MR

12/07/2009

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