

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000033625

Entity Name: SANG CAPITAL GROUP, LLC

FILED
Oct 17, 2007
Secretary of State

Current Principal Place of Business:

2859 WEKIVA SPRINGS RD.
#210
LONGWOOD, FL 32779 US

Current Mailing Address:

2859 WEKIVA SPRINGS RD.
#210
LONGWOOD, FL 32779 US

New Principal Place of Business:

3859 WEKIVA SPRINGS RD.
#210
LONGWOOD, FL 32779 US

New Mailing Address:

3859 WEKIVA SPRINGS RD.
#210
LONGWOOD, FL 32779 US

FEI Number: 20-4617575 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ALPERT, ALAN
3859 WEKIVA SPRINGS ROAD
SUITE 210
LONGWOOD, FL 32779 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: ALAN ALPERT

10/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ORLINSKI, SCOTT
Address: 3859 WEKIVA SPRINGS RD, #210
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGR () Delete
Name: ALPERT, ALAN
Address: 3859 WEKIVA SPRINGS RD, #210
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGR () Delete
Name: ALPERT, NANCY
Address: 3859 WEKIVA SPRINGS RD, #210
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGR () Delete
Name: DEVINEY, GRANT B
Address: 3859 WEKIVA SPRINGS RD, #210
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NANCY ALPERT

MGR

10/17/2007

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