

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000034696

**FILED**  
**Sep 19, 2007**  
**Secretary of State**

**Entity Name:** BRICKHOUSE TEAM MANAGEMENT LLC

**Current Principal Place of Business:**

2 SOUTH UNIVERSITY DRIVE STE 110  
PLANTATION, FL 33024

**New Principal Place of Business:**

7401 WILES ROAD SUITE 233  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

2 SOUTH UNIVERSITY DRIVE STE 110  
PLANTATION, FL 33024

**New Mailing Address:**

7401 WILES ROAD SUITE 233  
CORAL SPRINGS, FL 33067

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IMPREVERT, CHANDELIN  
2 SOUTH UNIVERSITY DRIVE STE 110  
PLANTATION, FL 33024 US

**Name and Address of New Registered Agent:**

BUTLER, CHANDELIN I  
7401 WILES ROAD SUITE 233  
CORAL SPRINGS, FL 33067 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: CHANDELIN I BUTLER

09/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: IMPREVERT, CHANDELIN  
Address: 2 SOUTH UNIVERSITY DRIVE STE 110  
City-St-Zip: PLANTATION, FL 33024

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BUTLER, CHANDELIN I  
Address: 7401 WILES ROAD SUITE 233  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR ( ) Change (X) Addition  
Name: IMPREVERT, CHRISTIANNE  
Address: 7401 WILES ROAD SUITE 233  
City-St-Zip: CORAL SPRINGS, FL 33067

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: CHRISTIANNE IMPREVERT

MGR

09/19/2007

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