

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000035857

Entity Name: JOANNA PAIGE, LLC

FILED
Nov 27, 2007
Secretary of State

Current Principal Place of Business:

5734 SUNSET DRIVE
SOUTH MIAMI, FL 33143

New Principal Place of Business:

900 SOUTH MIAMI AVENUE
#182
MIAMI, FL 33130

Current Mailing Address:

5734 SUNSET DRIVE
SOUTH MIAMI, FL 33143

New Mailing Address:

900 SOUTH MIAMI AVENUE
#182
MIAMI, FL 33130

FEI Number: 20-4677808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVER, DAVID
5734 SUNSET DRIVE
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

SILVER, DAVID
900 SOUTH MIAMI AVENUE
#182
MIAMI, FL 33130 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: DAVID SILVER

11/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SILVER, DAVID
Address: 5734 SUNSET DRIVE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: MGRM () Delete
Name: SILVER, TAMMI
Address: 5734 SUNSET DRIVE
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SILVER, DAVID
Address: 900 SOUTH MIAMI AVENUE #182
City-St-Zip: MIAMI, FL 33130

Title: MGRM (X) Change () Addition
Name: SILVER, TAMMI
Address: 900 SOUTH MIAMI AVENUE #182
City-St-Zip: MIAMI, FL 33130

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: DAVID SILVER

MGRM

11/27/2007

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