

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Feb 11, 2008**  
**Secretary of State**

DOCUMENT# L06000048741

Entity Name: 3900 WOODLAKE LLC

**Current Principal Place of Business:**

951 NE 167 ST  
N MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

951 NE 167 ST  
N MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 20-4989271      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:**

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

WASSERSTROM WEINREB & WEALCATCH PL  
1909 TYLER STREET PH  
HOLLYWOOD, FL 33020      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: OFER TAMIR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FABIOUS, DANIAL  
Address: 2625 COLLINS AVENUE APT 1810  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR      ( ) Delete  
Name: TAMIR, OFER  
Address: 2241 NE 197 ST  
City-St-Zip: MIAMI, FL 33160

**ADDITIONS/CHANGES:**

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: OFER TAMIR

PRES

02/11/2008

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