

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000051306

FILED
Oct 15, 2009
Secretary of State

Entity Name: DOUGLAS MAC GROUP OF FLORIDA L.L.C.

Current Principal Place of Business:

17428 LOCH LOMOND WAY
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

17428 LOCH LOMOND WAY
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 20-4917748 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

FRIEDMAN, ARNOLD
7074 AYRSHIRE LANE
BOCA RATON, FL 33496 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: ARNOLD FRIEDMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: FRIEDMAN, STEVE
Address: 17428 LOCH LOMOND WAY
City-St-Zip: BOCA RATON, FL 33496 US

Title: V.PR () Delete
Name: FRIEDMAN, STANLEE
Address: 17428 LOCH LOMOND WAY
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: FRIEDMAN, STEVE R
Address: 17428 LOCH LOMOND WAY
City-St-Zip: BOCA RATON, FL 33496 US

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: STEVE FRIEDMAN

PRES

10/15/2009

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