

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000058611

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Entity Name:** CIOBANU PROPERTIES, LLC

**Current Principal Place of Business:**

333 N.W. 70TH AVENUE, #207  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

333 N.W. 70TH AVENUE, #207  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 20-4917153      **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:**

CIOBANU, AUREL DMD  
333 N.W. 70TH AVENUE, #207  
PLANTATION, FL 33317 US

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

CIOBANU, AUREL DMD  
333 N.W. 70TH AVENUE  
207  
PLANTATION, FL 33317 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: AUREL CIOBANU

10/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CIOBANU, AUREL DMD  
Address: 333 N.W. 70TH AVENUE, #207  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES:**

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: AUREL CIOBANU

DR

10/08/2007

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