

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000084042

**Entity Name:** BLACKROCKET, L.C.

**FILED**  
**Dec 19, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

876 NW 110TH AVENUE  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

876 NW 110TH AVENUE  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 20-5443149      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:**

ROSENFARB, STEVEN M  
876 NW 110TH AVENUE  
PLANTATION, FL 33324 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: STEVEN ROSENFARB

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROSENFARB, STEVEN M  
Address: 876 NW 110TH AVE  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

Title: MGR (X) Delete  
Name: RICHARDS, LAUREN M  
Address: 876 NW 110TH AVE  
City-St-Zip: PLANTATION, FL 33324

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: STEVEN ROSENFARB

MGR

12/19/2009

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