

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000086008

FILED
Feb 24, 2009
Secretary of State

Entity Name: TROIKA TRIPLE PLAY LLC

Current Principal Place of Business:

2743 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2743 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

New Mailing Address:

20201 EAST COUNTRY CLUB DRIVE
UNIT 707
AVENTURA, FL 33180 US

FEI Number: 20-5476642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, LAWRENCE M
3407 NE 168TH ST
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

ATRIUM REGISTERED AGENTS
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES, FL 33146 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: LESLIE A. SHARE

02/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRAMER, LAWRENCE M
Address: 3407 NE 168TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGRM () Delete
Name: WEISZ, THOMAS F
Address: 20201 COUNTRY CLUB DR
City-St-Zip: AVENTURA, FL 33180 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRAMER, LARRY M
Address: 3407 NE 168TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SLATER, JOEL K
Address: 243 W SABAL PALM PLACE
City-St-Zip: LONGWOOD, FL 32779

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: JOEL K SLATER

MGRM

02/24/2009

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