

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000088297

**FILED**  
**Oct 17, 2007**  
**Secretary of State**

**Entity Name:** MALAGA-ARANN DESIGN GROUP LLC

**Current Principal Place of Business:**

7236 MAIDESTONE DRIVE  
PORT ST. LUCIE, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

7236 MAIDESTONE DRIVE  
PORT ST. LUCIE, FL 33480

**New Mailing Address:**

FEI Number: 20-5502411      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:**

BERKOWITZ, JACK  
4787 N.W. 9TH AVENUE  
POMPANO BEACH, FL 33064      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: JACK BERKOWITZ

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ARANN, SUSAN  
Address: 7236 MAIDESTONE DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 33480

Title: MGR      ( ) Delete  
Name: MALAGA, SURA  
Address: 55 MAIN STREET  
City-St-Zip: HOLMDELL, NJ 07733

**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: SUSAN ARANN

MGRM

10/17/2007

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