

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000101645

1. Entity Name  
SOMETHING SPECIAL, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 16 PM 3:25

Principal Place of Business  
7020 S.W. 100TH STREET  
MIAMI, FL 33156

Mailing Address  
7020 S.W. 100TH STREET  
MIAMI, FL 33156

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10112007 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASIN, CAROL  
7020 S.W. 100TH STREET  
MIAMI, FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME MGRM  
STREET ADDRESS MASSIN, CAROL  
CITY-ST-ZIP 7020 S.W. 100TH STREET  
MIAMI, FL 33156 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700110885427  
10/16/07--01066--003 \*\*50.00

TITLE  
NAME S  
STREET ADDRESS PARNES, STEPHANIE  
CITY-ST-ZIP 7020 S.W. 100TH STREET  
MIAMI, FL 33156 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME T  
STREET ADDRESS MASIN, CAROL  
CITY-ST-ZIP 7020 S.W. 100TH STREET  
MIAMI, FL 33156 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**REINSTATEMENT 2007**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Stephanie Parnes* 10-10-07 305 4956067