

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000102835

FILED
Oct 24, 2007
Secretary of State

Entity Name: LATIRUSS DINING & ENTERTAINMENT, LLC

Current Principal Place of Business:

559607 ARBOR CLUB WAY
BOCA RATON, FL 33433

New Principal Place of Business:

333 NE MIZNER BLVD #11
BOCA RATON, FL 33432

Current Mailing Address:

559607 ARBOR CLUB WAY
BOCA RATON, FL 33433

New Mailing Address:

333 NE MIZNER BLVD #11
BOCA RATON, FL 33432

FEI Number: 20-5756178 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

KOTLYAROV, EDUARD JR.
559607 ARBOR CLUB WAY
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

KOTLYAROV, EDUARD JR.
333 NE MIZNER BLVD #11
BOCA RATON, FL 33432 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: EDUARD KOTLYAROV JR

10/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOTLYAROV, EDUARD JR.
Address: 559607 ARBOR CLUB WAY
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KOTLYAROV, EDUARD JR.
Address: 333 NE MIZNER BLVD #11
City-St-Zip: BOCA RATON, FL 33432

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: EDUARD KOTLYAROV

MGRM

10/24/2007

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