

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000030506

**FILED**  
**Oct 28, 2009**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA SELECT LACROSSE, LLC

**Current Principal Place of Business:**

4801 JOHNSON ROAD, SUITE 5  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

4801 JOHNSON ROAD, SUITE 5  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLACKLOCK, PETER L ESQ  
4801 JOHNSON ROAD, SUITE 5  
COCONUT CREEK, FL 33073 US

**Name and Address of New Registered Agent:**

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: WALTER LAMON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR. ( ) Delete  
Name: LAMON, WALTER D  
Address: 4801 JOHNSON ROAD, SUITE 5  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR ( ) Delete  
Name: GOLDBERG, JEFF  
Address: 3850-C MCINTOSH LANE  
City-St-Zip: BOCA RATON, FL 33434

**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: WALTER LAMON

MR.

10/28/2009

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