

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000042547

**FILED**  
**Jun 09, 2009**  
**Secretary of State**

**Entity Name:** EXCLUSIVE LIFE STYLES L.L.C

**Current Principal Place of Business:**

1950 SHREIDAN STREET  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

15020 SOUTH RIVER DR  
MIAMI, FL 33167

**Current Mailing Address:**

1950 SHREIDAN STREET  
HOLLYWOOD, FL 33020

**New Mailing Address:**

15020 SOUTH RIVER DR  
MIAMI, FL 33167

**FEI Number:** **FEI Number Applied For (X)** **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:**

MCGHOW, JAMES  
1950 SHERIDAN STREET  
HOLLYWOOD, FL 33020 US

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

MCGHOW, JAMES  
15020 SOUTH RIVER DR  
MIAMI, FL 33167 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: MCGHOW JAMES

06/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR (X) Delete  
Name: ROBERTS, CALVIN D  
Address: 1950 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM ( ) Delete  
Name: CORNILEUS, CARTER  
Address: 1950 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: WALKER, ALICIA J  
Address: 15020 SOUTH RIVER DR  
City-St-Zip: MIAMI, FL 33167

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: WALKER ALICIA

MGR

06/09/2009

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