

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000067902

Entity Name: NOAC LLC

FILED  
Oct 02, 2009  
Secretary of State

## Current Principal Place of Business:

290 174T STREET  
503  
SUNNY ISLES, FL 33160

## New Principal Place of Business:

290 174T STREET  
2408  
SUNNY ISLES, FL 33160

## Current Mailing Address:

290 174T STREET  
503  
SUNNT ISLES, FL 33160

## New Mailing Address:

290 174T STREET  
2408  
SUNNT ISLES, FL 33160

FEI Number: 22-3965810      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:

COHEN, ITAMAR  
290 174T STREET  
503  
SUNNY ISLES, FL 33160 US

## Name and Address of New Registered Agent:

COHEN, ITAMAR  
290 174T STREET  
2408  
SUNNY ISLES, FL 33160 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: ITAMAR COHEN

10/02/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: COHEN, ITAMAR  
Address: 290 174T STREET STE 503  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM ( ) Delete  
Name: COHEN, AVITAL  
Address: 290 174T STREET STE 503  
City-St-Zip: SUNNY ISLES, FL 33160

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: COHEN, ITAMAR  
Address: 290 174T STREET STE 2408  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM (X) Change ( ) Addition  
Name: COHEN, AVITAL  
Address: 290 174T STREET STE 2408  
City-St-Zip: SUNNY ISLES, FL 33160

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: ITAMAR COHEN

MGRM

10/02/2009

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