

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000112628

**FILED**  
**Oct 28, 2011**  
**Secretary of State**

**Entity Name:** GITTILIN MANAGEMENT LLC

**Current Principal Place of Business:**

10155 COLLINS AVENUE  
APARTMENT 901  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

2799 NW BOCA RATON BLVD  
SUITE 203  
BOCA RATON, FL 33431

**Current Mailing Address:**

10155 COLLINS AVENUE  
APARTMENT 901  
BAL HARBOUR, FL 33154

**New Mailing Address:**

2799 NW BOCA RATON BLVD  
SUITE 203  
BOCA RATON, FL 33431

**FEI Number:** 26-1373086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCIARRETTA, STEVEN A  
% STEVEN A. SCIARETTA ESQ.  
2799 BOCA RATON BLVD., STE. 203  
BOCA RATON, FL 33431 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:** STEVEN A SCIARRETTA ESQUIRE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** GITTILIN, BERNICE  
**Address:** 2799 NW BOCA RATON BLVD., STE. 203  
**City-St-Zip:** BOCA RATON, FL 33431

I hereby 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:** BERNICE GITTILIN

MGR

10/28/2011

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