

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000119137

Entity Name: PAR VENTURES LLC

FILED
Nov 17, 2009
Secretary of State

Current Principal Place of Business:

1210 NE 4 STREET
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

PO BOX 840407
PEMBROKE PINES, FL 33084

New Mailing Address:

FEI Number: 26-1874100 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:

Name and Address of New Registered Agent:

CHRISTIAN, PHILIP
1210 NE 4 STREET
FT LAUDERDALE, FL 33301 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: PHILIP CHRISTIAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHRISTIAN, PHILIP
Address: 1210 NE 4 STREET
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: GINSBURG, RON
Address: 1210 NE 4 STREET
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: SILBERSTIEN, DAVID
Address: 1210 NE 4 STREET
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

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

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: PHILIP CHRISTIAN

MGRM

11/17/2009

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