

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000120639

Entity Name: BSI AMBU VENTURES, LLC

FILED  
Oct 28, 2008  
Secretary of State

## Current Principal Place of Business:

3702 WASHINGTON STREET  
SUITE 101  
HOLLYWOOD, FL 33024

## New Principal Place of Business:

3702 WASHINGTON STREET  
SUITE 101  
HOLLYWOOD, FL 33021

## Current Mailing Address:

3702 WASHINGTON STREET  
SUITE 101  
HOLLYWOOD, FL 33024

## New Mailing Address:

3702 WASHINGTON STREET  
SUITE 101  
HOLLYWOOD, FL 33021

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:

## Name and Address of New Registered Agent:

WASSERSTROM, KEITH  
5011 S STATE RD. 7  
SUITE 106  
DAVIE, FL 33314 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: KEITH WASSERSTROM

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: STAUBER, MARSHALL  
Address: 3702 WASHINGTON STREET, SUITE 101  
City-St-Zip: HOLLYWOOD, FL 33024

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: STAUBER, MARSHALL  
Address: 3702 WASHINGTON STREET, SUITE 101  
City-St-Zip: HOLLYWOOD, FL 33021

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: MARSHALL STAUBER

MGR

10/28/2008

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