

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000005909

FILED
Oct 16, 2009
Secretary of State

Entity Name: NAME THAT FAVOR, LLC

Current Principal Place of Business:

12449 KEYSTONE ROAD
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

12449 KEYSTONE ROAD
NORTH MIAMI, FL 33181 US

New Mailing Address:

FEI Number: 26-1771302 **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:

SKLAR, STACY B
12449 KEYSTONE RD
NORTH MIAMI, FL 33181 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: STACY SKLAR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARTOLETTI-MELVIN, LISA A
Address: 10410 NW 21ST STREET
City-St-Zip: SUNRISE, FL 33322 US

Title: MGRM () Delete
Name: SKLAR, STACY B
Address: 12449 KEYSTONE ROAD
City-St-Zip: NORTH MIAMI, FL 33181 US

ADDITIONS/CHANGES:

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: LISA BARTOLETTI

MGRM

10/16/2009

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