

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000087662

Entity Name: WHITE BEAR GROUP, LLC

**FILED**  
**Oct 01, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1 GREENE STREET  
#409  
JERSEY CITY, NJ 07302

**New Principal Place of Business:**

6991 NORTH STATE ROAD 7  
PARKLAND, FL 33073

**Current Mailing Address:**

1 GREENE STREET  
#409  
JERSEY CITY, NJ 07302

**New Mailing Address:**

6991 NORTH STATE ROAD 7  
PARKLAND, FL 33073

FEI Number: 26-3363077      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324      US

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

RICHARDS, SUSAN MGR  
6991 NORTH STATE ROAD 7  
PARKLAND, FL 33073      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: SUSAN RICHARDS

10/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RICHARDS, SUSAN  
Address: 1 GREENE STREET, #409  
City-St-Zip: JERSEY CITY, NJ 07302

**ADDITIONS/CHANGES:**

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: SUSAN RICHARDS

MGR

10/01/2009

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