

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000092711

Entity Name: THECLUB, LLC

FILED
Oct 19, 2009
Secretary of State

Current Principal Place of Business:

1680 MICHIGAN AVE.
SUITE 901
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1680 MICHIGAN AVE.
SUITE 901
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 26-3485987 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:

BEDARD, DENNIS R
1717 N BAYSHORE DRIVE
SUITE 215
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

ALLAN KOLTUN CPA PA
1717 N BAYSHORE DRIVE
SUITE 116
MIAMI, FL 33132 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: ALLAN KOLTUN

10/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARRAPODI, EUGENIO
Address: 1717 N BAYSHORE DRIVE SUITE 215
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM (X) Delete
Name: KENNEDY, JAMES
Address: 1680 MICHIGAN AVE.
City-St-Zip: MIAMI BEACH, FL 33139 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: EUGENIO MARRAPODI

MGRM

10/19/2009

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