2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000106462

Current Principal Place of Business:

Entity Name: MTN LLC

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MGRM

MGRM

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KATZ, ZENA

() Delete

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3370 NE 190TH STREET #1810

3370 NE 190TH STREET #1810

3370 NE 190TH STREET #1810

BABANI, JAIKISHIN U

AVENTURA, FL 33180

DAVYDOVSKY, IGOR

AVENTURA, FL 33180

AVENTURA, FL 33180

FILED Oct 19, 2009 Secretary of State

New Principal Place of Business:

3370 NE 190TH STREET **UNIT 1810** AVENTURA, FL 33180 **Current Mailing Address: New Mailing Address:** 3370 NE 190TH STREET **UNIT 1810** AVENTURA, FL 33180 FFI 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: ZEVEL, VAL GOLDIN, ELLA 3370 NE 190TH STREET 3370 NE 190TH STREET **UNIT 1810 UNIT 1810** AVENTURA, FL 33180 US AVENTURA, FL 33180 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: ELLA GOLDIN 10/19/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition ZEVEL, VAL Name: BABANI, JAIKISHIN U Name: 3370 NE 190TH STREET #1810 Address: 3370 NE 190TH STREET #1810 Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180 Title: MGRM () Delete Title: () Change () Addition KATZ, FAY Name: Name: Address: 3370 NE 190TH STREET #1810 Address: City-St-Zip: AVENTURA, FL 33180 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.

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MGRM

GOLDIN, ELLA

AVENTURA, FL 33180

3370 NE 190TH STREET #1810

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SIGNATURE: FAY KATZ MGRM 10/19/2009