

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000113468

FILED
Dec 14, 2009
Secretary of State

Entity Name: EMMCO, LLC

Current Principal Place of Business:

10800 BISCAYNE BOULEVARD
SUITE #600
NORTH MIAMI, FL 33161

New Principal Place of Business:

10800 BISCAYNE BOULEVARD
SUITE #600
MIAMI, FL 33161

Current Mailing Address:

10800 BISCAYNE BOULEVARD
SUITE #600
NORTH MIAMI, FL 33161

New Mailing Address:

10800 BISCAYNE BOULEVARD
SUITE #600
MIAMI, FL 33161

FEI Number: 27-1216989 **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:

MICHAEL I. BERNSTEIN, P.A.
1688 MERIDIAN AVENUE
SUITE #418
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

STONE, ALLISON L ESQ.
10800 BISCAYNE BLVD
SUITE 600
MIAMI, FL 33161 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: ALLISON L. STONE, ESQ. AS GENERAL COUNSEL

12/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SHAULSON, ABRAHAM
Address: 10800 BISCAYNE BLVD SUITE 600
City-St-Zip: MIAMI, FL 33161

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: ABRAHAM SHAULSON

MGRM

12/14/2009

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