

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000025938

**Entity Name:** HOME STAR GROUP, L.L.C.

**FILED**  
**Oct 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5375 STIRLING RD  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

5375 STIRLING RD  
DAVIE, FL 33314

**New Mailing Address:**

10856 CHARLESTON PLACE  
COOPER CITY, FL 33026

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GOLDBERG, MICHAEL  
16855 N.E. 2ND AVENUE, SUITE 303  
NORTH MIAMI BEACH, FL 33162 US

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

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: MICHAEL GOLDBERG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GOLDBERG, MICHAEL  
Address: 16855 N.E. 2ND AVENUE, SUITE 303  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: MGRM  
Name: SCHLANG, FRED  
Address: 5375 STIRLING RD  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM  
Name: SCHLANG, PETER  
Address: 5375 STIRLING RD  
City-St-Zip: DAVIE, FL 33314 US

I hereby 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: FRED SCHLANG

MGRM

10/01/2011

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