

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000090021

**FILED**  
**Nov 12, 2010**  
**Secretary of State**

**Entity Name:** KOSHER PASSOVER VACATIONS, LLC

**Current Principal Place of Business:**

20855 NE 16TH AVENUE  
C-4  
N. MIAMI BEACH, FL 33179 US

**New Principal Place of Business:**

20855 NE 16TH AVENUE  
C-8  
N. MIAMI BEACH, FL 33179 US

**Current Mailing Address:**

20855 NE 16TH AVENUE  
C-4  
N. MIAMI BEACH, FL 33179

**New Mailing Address:**

PO BOX 414201  
MIAMI BEACH, FL 33141

**FEI Number:** 27-0945373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE SEGAL GROUP, LLC  
16560 SOUTH POST ROAD  
APT 103  
WESTON, FL 33331 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: BARRY SEGAL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SHIFMAN, OFFY A  
Address: 1180 98 STREET  
City-St-Zip: BAY HARBOR, FL 33154 US

Title: MGRM  
Name: SHIFMAN, YEHUDA  
Address: 1180 98 STREET  
City-St-Zip: BAY HARBOR, FL 33154 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: OFFY SHIFMAN

MM

11/12/2010

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