

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000120299

Entity Name: DRORE 3 LLC

**FILED**  
**Oct 30, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

14954 SW 39 ST  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

14954 SW 39 ST  
DAVIE, FL 33331

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

DRORE, BARI  
14954 SW 39 ST  
DAVIE, 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: BARI DRORE

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: DRORE, BARI  
Address: 14954 SW 39 ST  
City-St-Zip: DAVIE, FL 33331

Title: MGRM  
Name: DRORE, ILAI  
Address: 14954 SW 39 ST  
City-St-Zip: DAVIE, FL 33331

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: BARI DRORE

MGRM

10/30/2014

Electronic Signature of Authorized Person

Date