



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 27 AM 10:54

DOCUMENT # M03000003682 1. Entity Name ANUSHKA BOCA ACQUISITION SUB, LLC					
Principal Place of Business 2511 S. DIXIE HWY WEST PALM BEACH, FL 33404				Mailing Address 2511 S. DIXIE HWY WEST PALM BEACH, FL 33404	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 501 MERITT 7 5TH FLOOR City & State NORWALK, CT Zip 06851			
City & State NORWALK, CT		4. FEI Number 65-1174522		Applied For <input type="checkbox"/> Not Applicable	
Zip 06851		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAKOWSKI, RICHARD 2511 S. DIXIE HWY WEST PALM BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BURRIS, MATTHEW 501 MERITT 7 - NORWALK, CT 06851	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HIGGINS, JOHN 2511 S. DIXIE HWY WEST PALM BEACH, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HADDAD, WADE 501 MERITT 7 - NORWALK, CT 06851	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SASSOON, ELAN 2511 S. DIXIE HWY WEST PALM BEACH, FL 33404	<input type="checkbox"/> Delete	900080221899 09/27/06--01045--020 **150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LIPMAN, ANDREW D 10 GLENVILLE STREET GREENWICH, CT 06831	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MANDELL, EDWARD R 405 LEXINGTON AVENUE NEW YORK, NY 10174	<input type="checkbox"/> Delete	REINSTATEMENT 2006 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Wade Haddad</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			9/26/06 203-295-2121 <small>Date Daytime Phone #</small>		