

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000002307

Entity Name: PENNMAWR-FLA, LLC

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

827 CASTLEFINN LANE
BRYN MAWR, PA 19010

New Principal Place of Business:

Current Mailing Address:

827 CASTLEFINN LANE
BRYN MAWR, PA 19010

New Mailing Address:

FEI Number: 20-1127437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C T CORPORATION SYSTEM

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COHEN, ALLEN
Address: 827 CASTLEFINN LANE
City-St-Zip: BRYN MAWR, PA 19010

Title: MGRM () Delete
Name: COHEN, RICHARD
Address: 2617 SAINT DAVID'S LANE
City-St-Zip: ARDMORE, PA 19003

Title: MGRM () Delete
Name: COHEN, PHILIP
Address: 256 WILTSHIRE ROAD
City-St-Zip: WYNNEWOOD, PA 19096

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HOWARD COHEN

MR.

10/12/2009

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