

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000004048

Entity Name: MEMBER'S EDGE, LLC

FILED  
Nov 03, 2009  
Secretary of State

**Current Principal Place of Business:**

ONE UNIVERSITY PLAZA, SUITE 307  
HACKENSACK, NJ 07601

**New Principal Place of Business:**

**Current Mailing Address:**

ONE UNIVERSITY PLAZA, SUITE 307  
HACKENSACK, NJ 07601

**New Mailing Address:**

FEI Number: 01-0635181      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:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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: DELANIE CASE, ASST. SECRETARY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JAGID, JOSHUA  
Address: ONE UNIVERSITY PLAZA, SUITE 307  
City-St-Zip: HACKENSACK, NJ 07601

Title: MGRM ( ) Delete  
Name: BALFOUR, JEFFREY  
Address: ONE UNIVERSITY PLAZA, SUITE 307  
City-St-Zip: HACKENSACK, NJ 07601

**ADDITIONS/CHANGES:**

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: JEFFREY BALFOUR

MGRM

11/03/2009

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