

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M06000003717

1. Entity Name  
VURU, L.L.C.



Principal Place of Business  
203 NW 36TH STREET  
MIAMI, FL 33127

Mailing Address  
203 NW 36TH STREET  
MIAMI, FL 33127

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11262007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-5008938

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KORNMAN, GRANT M  
203 NW 36TH STREET  
MIAMI, FL 33127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Grant M. Kornman*

(NOTE: Registered Agent signature required when reinstating)

12/10/07

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME PEAK MANAGEMENT, LLC  
STREET ADDRESS 360 COLLINS AVENUE, APT 303  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 500113045375  
CITY-ST-ZIP 12/11/07--01046--007 \*\*150.00

TITLE MGR ☐ Delete  
NAME KORNMAN, MICHAEL M  
STREET ADDRESS 6707 BROOKSHIRE DRIVE  
CITY-ST-ZIP DALLAS, TX 75230

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME KORNMAN, GARY M  
STREET ADDRESS 3640 HAYNIE AVENUE  
CITY-ST-ZIP DALLAS, TX 75205

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Grant M. Kornman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/10/07

Date

786-897-6966

Daytime Phone #

FILED

2007 DEC 18 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

