

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M07000005370

**FILED**  
**Aug 11, 2011**  
**Secretary of State**

**Entity Name:** ARM-CAPACITY OF NEW YORK, LLC

**Current Principal Place of Business:**

90 BROAD STREET STE 1503  
NEW YORK, NY 10004

**New Principal Place of Business:**

**Current Mailing Address:**

90 BROAD STREET STE 1503  
NEW YORK, NY 10004

**New Mailing Address:**

**FEI Number:** 20-8680091

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HATCH, JOHN D ESQ  
1267 BERKSHIRE LANE STE 200  
TARPON SPRINGS, FL 34688 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: JOHN D. HATCH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: COO  
Name: WEINSTEIN, RUSSELL  
Address: 320 E SHORE RD 14A  
City-St-Zip: GREAT NECK, NY 11023

Title: CEO  
Name: DAVID, HARRIS  
Address: 420 EAST 72ND STREET 5E  
City-St-Zip: NEW YORK, NY 10021

Title: T  
Name: LULL, ROBERT G  
Address: 44 DENISE DRIVE  
City-St-Zip: KINNELON, NJ 07405

Title: S  
Name: GERSON, CARL A  
Address: 176 SHERIDAN AVE  
City-St-Zip: HO HO KUS, NJ 07423

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 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: CARL A. GERSON

MGR

08/11/2011

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