

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000080177

FILED  
Sep 30, 2008  
Secretary of State

Entity Name: ALEXANDER HOLDINGS, LLC

**Current Principal Place of Business:**

203 NE 9TH AVENUE  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

203 NE 9TH AVENUE  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

FEI Number: 20-3313301      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:**

BOUTELLE, CLARA  
203 NE 9TH AVE  
DEERFIELD BEACH, FL 33441      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: CLARA BOUTELLE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BOUTELLE, CLARA  
Address: 203 NE 9TH AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGR      ( ) Delete  
Name: BOUTELLE, PAUL  
Address: 203 NE 9TH AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441

**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: CLARA BOUTELLE

MGR

09/30/2008

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