

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Apr 10, 2008  
Secretary of State**

DOCUMENT# L06000008937

Entity Name: AAA PROPERTIES OF FLORIDA, LLC

**Current Principal Place of Business:**

715 NE 19TH PLACE  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 150986  
CAPE CORAL, FL 33915

**New Mailing Address:**

FEI Number: 20-3238742      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:**

ALOY, ANGELA  
715 NE 19TH PLACE  
CAPE CORAL, FL 33909      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: ANGELA ALOY

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: ALOY, ANGELA  
Address: 715 NE 19TH PLACE  
City-St-Zip: CAPE CORAL, FL 33909

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

Title: MGRM      ( ) Delete  
Name: ALOY, RAYMOND  
Address: 715 NE 19TH PLACE  
City-St-Zip: CAPE CORAL, FL 33909

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: ANGELA ALOY

MGRM

04/10/2008

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