

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000076148

Entity Name: ALOHA REALTY GROUP, LLC

FILED  
Oct 07, 2009  
Secretary of State

**Current Principal Place of Business:**

990 W HWY 50  
101  
CLERMONT, FL 34711 US

**Current Mailing Address:**

990 W HWY 50  
101  
CLERMONT, FL 34711 US

FEI Number: 20-5436216      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:**

KAUFFMAN, SCOTT  
9990 W HWY 50 STE 101  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

940 W. OAKLAND AVENUE  
SUITE A-4  
OAKLAND, FL 34787 US

**New Mailing Address:**

940 W. OAKLAND AVENUE  
SUITE A-4  
OAKLAND, FL 34787 US

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

KAUFFMAN, SCOTT  
940 W. OAKLAND AVENUE  
A-4  
OAKLAND, FL 34787 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: SCOTT KAUFFMAN

10/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KAUFFMAN, SCOTT  
Address: 990 W HWY 50 STE 101  
City-St-Zip: CLERMONT, FL 34711 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KAUFFMAN, SCOTT  
Address: 940 W, OAKLAND AVENUE  
City-St-Zip: OAKLAND, FL 34787 US

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: SCOTT KAUFFMAN

MGRM

10/07/2009

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