

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000086698

FILED
Nov 17, 2009
Secretary of State**Entity Name:** ARI WARRANTY GROUP, LLC**Current Principal Place of Business:**1002 E. NEWPORT CIRCLE DRIVE
SUITE 202
DEERFIELD BEACH, FL 33442 US**New Principal Place of Business:****Current Mailing Address:**1002 E. NEWPORT CIRCLE DRIVE
SUITE 202
DEERFIELD BEACH, FL 33442 US**New Mailing Address:****FEI Number:** 22-3968933**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**APPLEBAUM, MARC
1002 E NEWPORT CIRCLE DRIVE
202
DEERFIELD BEACH, FL 33442 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:

Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:****Title:** MGRM () Delete
Name: APPLEBAUM, MARC
Address: 1002 E NEWPORT CIRCLE DRIVE, SUITE 202
City-St-Zip: DEERFIELD BEACH, FL 33442 US**Title:** MGRM () Delete
Name: WASSERSTROM, JESSICA
Address: 3810 N 41 AVE
City-St-Zip: HOLLYWOOD, FL 33021**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: POSTELNIK, YOMIN
Address: 1002 E NEWPORT CIRCLE DRIVE, SUITE 202
City-St-Zip: DEERFIELD BEACH, FL 33442 US**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: JESSICA WASSERSTROM

MGRM

11/17/2009

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