

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000006645

Entity Name: ASTONBURY INT., LLC

FILED  
Feb 19, 2007  
Secretary of State

**Current Principal Place of Business:**

809 BEVERLY PKWY  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 37592  
PENSACOLA, FL 32526

**New Mailing Address:**

809 BEVERLY PKWY  
PENSACOLA, FL 32505

FEI Number: 59-3650028      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:**

RAYMOND, FLORES  
809 BEVERLY PKWY  
PENSACOLA, FL 32505      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: RAYMOND G. FLORES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: JINDAL, AJAY  
Address: 809 BEVERLY PKWY  
City-St-Zip: PENSACOLA, FL 32505

Title: MGR      ( ) Delete  
Name: JINDAL, MANISHA  
Address: 809 BEVERLY PKWY  
City-St-Zip: PENSACOLA, FL 32505

**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 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: AJAY JINDAL

MGR

02/19/2007

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