

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000075497

Entity Name: A B TRANSMISSION LLC

Current Principal Place of Business:

5260 NW 15 TH STREET
MARGATE, FL 33067

Current Mailing Address:

5260 NW 15 TH STREET
MARGATE, FL 33063

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WASHOFSKY AND ASSOCIATES, PA
1876 N. UNIVERSITY DR
STE 200-E
PLANTATION, FL 33322 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: MW

10/25/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER

Title OTHER

Name K, D

Name P, DOUGLAS S

Address 5260 NW 15TH STREET

Address 5260 NW 15 TH STREET

City-State-Zip: MARGATE FL 33063

City-State-Zip: MARGATE FL 33067

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KD

PRES

10/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date