

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000024410

**FILED**  
**Oct 19, 2009**  
**Secretary of State**

**Entity Name:** ASPS, L.C.

**Current Principal Place of Business:**

2305 FAIRWAY LANE  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

2305 FAIRWAY LANE  
SEBRING, FL 33872

**New Mailing Address:**

**FEI Number:** 65-0826332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LECONEY, SCOTT R  
425 SOUTH CAMEROE AVE.  
SEBRING, FL 33870 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: SCOTT LECONEY

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHAH, PARUL  
Address: 4420 SUN N. LAKE BLVD  
City-St-Zip: SEBRING, FL 33872

Title: MGR ( ) Delete  
Name: SHAH, AMIT I  
Address: 4420 SUN N LAKE BOULEVARD  
City-St-Zip: SEBRING, FL 33872

**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 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: PARUL A SHAH

\_\_\_\_\_  
MANA

\_\_\_\_\_  
10/19/2009

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