

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000029139

Entity Name: H.A.S.,L.L.C.

FILED
Sep 21, 2005
Secretary of State

Current Principal Place of Business:

9039 EAST RIVER ROAD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8041
NORTH PORT, FL 342873041

New Mailing Address:

P.O. BOX 1399
VENICE, FL 34284

FEI Number: 90-0070614 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:

SLEDJESKI, FRANK J
9039 EAST RIVER ROAD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

SLEDJESKI, FRANK J
990 ORINOCO
VENICE, FL 34284 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: FRANK SLEDJESKI

09/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HALL, CLIFFORD K
Address: 9039 EAST RIVER ROAD
City-St-Zip: VENICE, FL 34293

Title: MGRM () Delete
Name: ATHONY, JOHN JR
Address: 2632 ENSENADA LN
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM () Delete
Name: SLEDJESKY, FRANCIS J
Address: 4343 WABASSO AVE
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HALL, CLIFFORD K
Address: 990 ORINICO
City-St-Zip: VENICE, FL 34284

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 Section 119.07(3)(i), 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: FRANK SLEDJESKI

MGRM

09/21/2005

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