

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000016969

Entity Name: ASWAD, LLC

FILED  
Sep 27, 2005  
Secretary of State

## Current Principal Place of Business:

31 A GROVE PLACE  
FREDERIKSTED, VI 00851 US

## New Principal Place of Business:

3304 E 21ST. AVE  
B  
TAMPA, FL 33605 US

## Current Mailing Address:

31 A GROVE PLACE  
FREDERIKSTED, VI 00851 US

## New Mailing Address:

P.O. BOX 310071  
TAMPA, FL 33680-007 US

FEI Number: 11-3689924      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

BROOKES, LEROY  
3304 E. 21ST AVE  
SUITE B  
TAMPA, FL 33605 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: LEROY BROOKES

09/27/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: DIR ( ) Delete  
Name: BROOKES, COLIN  
Address: 31 A GROVE PLACE  
City-St-Zip: FREDERIKSTED, VI 00851 US

Title: DIR ( ) Delete  
Name: BROOKES, ERNESTINE  
Address: 31 A GROVE PLACE  
City-St-Zip: FREDERIKSTED, VI 00851 US

Title: DIR (X) Delete  
Name: HUGGINS, PEARL  
Address: 31 A GROVE PLACE  
City-St-Zip: FREDERIKSTED, VI 00851 US

Title: DIR (X) Delete  
Name: BROOKES, BRENDA  
Address: 31A GROVE PLACE  
City-St-Zip: FREDERIKSTED, VI 00851 US

Title: DIR (X) Delete  
Name: BROOKES, GARFIELD  
Address: 3304 E 21ST AVE SUITE A  
City-St-Zip: TAMPA, FL 33605 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: PEARL HUGGINS,  
Address: 3304 E. 21ST AVE.  
City-St-Zip: TAMPA, FL 33605

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: COLIN BROOKES

DIR

09/27/2005

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