

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000023874

FILED
Oct 19, 2009
Secretary of State

Entity Name: ALTERNATIVE PROPERTY SOLUTIONS, LLC

Current Principal Place of Business:

150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

318 INDIAN TRACE
#508
WESTON, FL 33326 US

New Mailing Address:

150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 US

FEI Number: 02-0696789 **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:

Name and Address of New Registered Agent:

BAKALAR, MICHAEL J
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 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: MICHAEL J. BAKALAR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BAKALAR, MICHAEL J
Address: 150 SOUTH PINE ISLAND ROAD, SUITE 540
City-St-Zip: PLANTATION, FL 33324 US

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

Title: MGRM () Delete
Name: BAKALAR, SUSAN P
Address: 150 SOUTH PINE ISLAND ROAD, SUITE 540
City-St-Zip: PLANTATION, FL 33324 US

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: MICHAEL J. BAKALAR

MGR

10/19/2009

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