

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000039387

Entity Name: AUM, L.L.C.

FILED
Oct 05, 2005
Secretary of State

Current Principal Place of Business:

80 CLEARWATER- LARGO RD
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

80 CLEARWATER- LARGO RD
LARGO, FL 33770

New Mailing Address:

FEI Number: 20-0309775 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:

PATEL, ASHISH
6434 US HIGHWAY 19N
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

PATEL, ASHISH
415 7TH AVE S.W
LARGO, FL 33770 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: ASHISH PATEL

10/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, ASHISH
Address: 6434 US HIGHWAY 19N
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGR () Delete
Name: PATEL, DHAVAL
Address: 6434 US HIGHWAY 19N
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATEL, ASHISH
Address: 415 7TH AVE S.W
City-St-Zip: LARGO, FL 33770

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: DHAVAL PATEL

MGRM

10/05/2005

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