

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000054937

1. Entity Name
AA2 HOLDINGS, L.L.C.



FILED

06 SEP -8 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1455 NORTH PARK DRIVE
WESTON, FL 33326 US

Mailing Address
1455 NORTH PARK DRIVE
WESTON, FL 33326 US

05



2. Principal Place of Business

1637 NW 27 AVE

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FL

Zip

33125

Country

USA

3. Mailing Address

1637 NW 27 AVE

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FL

Zip

33125

Country

USA

09072006 REIN-LLC CR2E101 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMOLEY, ROBERT
1455 NORTH PARK DRIVE
WESTON, FL 33326

Name

JORGE MORERA

Street Address (P.O. Box Number is Not Acceptable)

1637 NW 27 AVE., #200

City

MIAMI

FL

Zip Code

33125

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-7-06

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ARISSO, ALBERT
STREET ADDRESS 815 NW 57TH AVENUE
CITY-ST-ZIP MIAMI, FL 33126

TITLE MGR ☒ Change ☐ Addition
NAME ARISSO, ALBERT
STREET ADDRESS 1637 NW 27 AVE., MIAMI FL 33125
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Change ☒ Addition
NAME MORERA, JORGE
STREET ADDRESS 1637 NW 27 AVE., MIAMI, FL 33125
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-7-06

Date

Daytime Phone #

REINSTATEMENT 2005-2006