

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000002859

**FILED**  
**Jan 05, 2006**  
**Secretary of State**

**Entity Name:** A & E PROFESSIONAL SERVICES, LLC.

**Current Principal Place of Business:**

5901 NW 151 ST  
SUITE 200  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

5424 NW 184TH STREET  
OPA LOCKA, FL 33055

**Current Mailing Address:**

5901 NW 151 ST  
SUITE 200  
MIAMI LAKES, FL 33014

**New Mailing Address:**

5424 NW 184TH STREET  
OPA LOCKA, FL 33055

**FEI Number:** 20-0216338      **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:**

HOLLINGSWORTH, ERICA  
5454 NW 184TH STREET  
OPA LOCKA, FL 33055      US

**Name and Address of New Registered Agent:**

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: ERICA HOLLINGSWORTH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HOLLINGSWORTH, ERICA  
Address: 5454 NW 184TH  
City-St-Zip: OPA LOCKA, FL 33055

**ADDITIONS/CHANGES:**

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 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: ERICA HOLLINGSWORTH

MGR

01/05/2006

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