

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000002859

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5424 NW 184TH STREET  
OPA LOCKA, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

5424 NW 184TH STREET  
OPA LOCKA, FL 33055

**New Mailing Address:**

**FEI Number:** 20-0216338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
**Name:** HOLLINGSWORTH, ERICA  
**Address:** 5454 NW 184TH  
**City-St-Zip:** OPA LOCKA, FL 33055

I hereby 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

02/28/2012

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