

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000026433

Entity Name: ABS OF FLORIDA, LLC

FILED
Nov 10, 2005
Secretary of State

Current Principal Place of Business:

717 PARK AVENUE
CRANSTON, RI 02910

New Principal Place of Business:

293 EAST CR 470
LAKE PANASOFFKEE, FL 33538 US

Current Mailing Address:

717 PARK AVENUE
CRANSTON, RI 02910

New Mailing Address:

293 EAST CR 470
LAKE PANASOFFKEE, FL 33538 US

FEI Number: FEI Number Applied For (X) 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:

GIBBONS, MICHAEL R
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

STONE, STEPHEN M
725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803 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: STEPHEN M. STONE

11/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BOTROS, BAHA S
Address: 293 EAST CR 470
City-St-Zip: LAKE PANASOFFKEE, FL 33538 US

Title: MGR () Change (X) Addition
Name: MARTEN, SUE ANN
Address: 293 EAST CR 470
City-St-Zip: LAKE PANASOFFKEE, FL 33538 US

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: BAHA S. BOTROS

MGR

11/10/2005

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