

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000040415

1. Entity Name
AUS INVESTMENTS INTERNATIONAL, LLC



FILED

07 FEB 21 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
11575 HERON BAY BOULEVARD
SUITE 315
CORAL SPRINGS, FL 33307-6 US

Mailing Address
11575 HERON BAY BOULEVARD
SUITE 315
CORAL SPRINGS, FL 33307-6 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02152007 REIN-LLC CR2E101 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
38-3717865

Applied For
Not Applicable

City & State

City & State

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

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUSTIN, CHARLES R
11575 HERON BAY BOULEVARD
SUITE 315
CORAL SPRINGS, FL 33076

Name

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

City

FL

Zip Code

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

C. Randall Austin

2/15/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
AUSTIN, CHARLES R
11575 HERON BAY BOULEVARD, SUITE 315
CORAL SPRINGS, FL 33076

☐ Delete

TITLE
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☐ Change ☐ Addition

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REINSTATEMENT 06-07

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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:

C. Randall Austin

2/15/07

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

Date

Daytime Phone #