

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000042808

Entity Name: ARD REAL ESTATE LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

8259 EMERALD AVE
PARKLAND, FL 33076 US

New Principal Place of Business:

Current Mailing Address:

8259 EMERALD AVE
PARKLAND, FL 33067

New Mailing Address:

FEI Number: 20-1238714 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:

KUPFER, LAWRENCE M ESQ.
5541 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33076 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: LAWRENCE M. KUPFER, ESQ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DHARAMSEY, AZIZ DR.
Address: 8259 EMERALD AVE
City-St-Zip: PARKLAND, FL 33076 US

Title: MGR () Delete
Name: DHARAMSEY, RAZIA
Address: 8259 EMERALD AVE
City-St-Zip: PARKLAND, FL 33076 US

Title: MGR () Delete
Name: DHARAMSEY, SHABBIR A
Address: 8259 EMERALD AVE
City-St-Zip: PARKLAND, FL 33076 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AZIZ DHARAMSEY

MGR

04/20/2009

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