

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000078808

Entity Name: A & V ASSOCIATES, LLC

FILED
Jan 18, 2006
Secretary of State

Current Principal Place of Business:

5740 NW 113 PLACE
MIAMI, FL 33178

New Principal Place of Business:

7985 NW 114 PATH
DORAL, FL 33178

Current Mailing Address:

5740 NW 113 PLACE
MIAMI, FL 33178

New Mailing Address:

7985 NW 114 PATH
DORAL, FL 33178

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:

MAIKI, ALAIN
522 SW 166 TERRACE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

MAIKI, ALAIN
7985 NW 114 PATH
DORAL, FL 33178 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: ALAIN MAIKI

01/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAIKI, ALAIN
Address: 522 SW 166 TERRACE
City-St-Zip: WESTON, FL 33326

Title: MGR (X) Delete
Name: CAROLI, VANESSA
Address: 5740 NW 113 PLACE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MAIKI, ALAIN
Address: 7985 NW 114 PATH
City-St-Zip: DORAL, FL 33178

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: ALAIN MAIKI

P

01/18/2006

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