

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000082458

Entity Name: AFSONS, LLC

**FILED**  
**Nov 20, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

3095 NW 50TH STREET  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3095 NW 50TH STREET  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

13414 RUNNING PUMP CT  
OAK HILL, VA 20171

FEI Number: 20-1877242      FEI Number Applied For ( )      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:**

**Name and Address of New Registered Agent:**

RAYMOND, JOHN J JR  
BUTZEL LONG, P.C.  
1200 NORTH FEDERAL HIGHWAY, SUITE 420  
BOCA RATON, FL 33432 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: JOHN RAYMOND

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHARIF, MOHAMMED  
Address: 3095 NW 50TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

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 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: MOHAMED SHARIF

MR

11/20/2005

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