

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000075822

**FILED**  
**Aug 18, 2009**  
**Secretary of State**

**Entity Name:** AMERICAN SETTLEMENTS, LLC

**Current Principal Place of Business:**

934 N. UNIVERSITY DR.  
#202  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

934 N. UNIVERSITY DR.  
#202  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 13-4303342      **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:**

SPANIAK, GARY SR.  
934 N. UNIVERSITY DR.  
#202  
CORAL SPRINGS, FL 33071 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: GARY SPANIAK SR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: P ( ) Delete  
Name: SPANIAK, GARY  
Address: 934 N UNIVERSITY DRIVE #202  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MM (X) Change ( ) Addition  
Name: SPANIAK, GARY SR  
Address: 934 N UNIVERSITY DRIVE #202  
City-St-Zip: CORAL SPRINGS, FL 33071 US

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: GARY SPANIAK SR

MM

08/18/2009

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