

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000096749

FILED
Nov 10, 2006
Secretary of State

Entity Name: ORLANDO BEST DEAL,LLC

Current Principal Place of Business:

11349 SOUTH ORANGE BLOSSOM TRAIL
B#105
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

11349 SOUTH ORANGE BLOSSOM TRAIL
B#105
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 34-2058030 **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:

HABIB, AMER
11349 SOUTH ORANGE BLOSSOM TRAIL
B#105
ORLANDO,FL, FL 32837 US

Name and Address of New Registered Agent:

KHAN, SALEEM A
11349 SOUTH ORANGE BLOSSOM TRAIL
B#105
ORLANDO,FL, FL 32837 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: SALEEM KHAN

11/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KHAN, SALEEM A
Address: 11349 SOUTH ORANGE BLOSSOM TRAIL B#105
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: HABIB, AMER
Address: 11349 SOUTH ORANGE BLOSSOM TRAIL B#105
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

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 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: SALEEM KHAN

MGRM

11/10/2006

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