

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000100296

Entity Name: ABDI LLC

**FILED**  
**Mar 06, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

100 MARTING LUTHER KING AVENUE  
BUNNELL, FL 32110 US

**New Principal Place of Business:**

100 MARTIN LUTHER KING AVENUE  
BUNNELL, FL 32110 US

**Current Mailing Address:**

129 ELM STREET  
NEWARK, NJ 07105 US

**New Mailing Address:**

FEI Number: 20-3617728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RODRIGUES, ABEL  
100 MARTING LUTHER KING AVENUE  
BUNNELL, FL 32110 US

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

RODRIGUES, ABEL  
100 MARTIN LUTHER KING AVE  
BUNNELL, FL 32110 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: ABEL RODRIGUES

03/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RODRIGUES, ABEL  
Address: 129 ELM STREET  
City-St-Zip: NEWARK, NJ 07105 US

Title: MGR ( ) Delete  
Name: SOARES AMORIM, DIENE  
Address: 129 ELM STREET  
City-St-Zip: NEWARK, NJ 07105

**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: ABEL RODRIGUES

MGR

03/06/2007

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