2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 15, 2008
Secretary of State

DOCUMENT# L05000117004

Entity Name: ABSORPTION SYSTEMS, LLC

Current Principal Place of Business:

8012 NW 68TH STREET
MIAMI, FL 33166 US

New Principal Place of Business:

2012 MONTEBELLO COURT
TALLAHASSEE, FL 32317 US

Current Mailing Address:

450 SOUTH PARK ROAD
307
HOLLYWOOD, FL 33021 US

New Mailing Address:

2012 MONTEBELLO COURT
TALLAHASSEE, FL 32317 US

FEI Number: 20-3905922 **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:

LUQUE, JOSE C
450 SOUTH PARK ROAD
307
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: JOSE C. LUQUE

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHIMALE, RUBEN E
Address: 450 SOUTH PARK ROAD #307
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGR ( ) Delete
Name: LUQUE, JOSE
Address: 450 SOUTH PARK ROAD #307
City-St-Zip: HOLLYWOOD, FL 33021 US

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 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: RUBEN ERNESTO CHIMALE MGR 10/15/2008

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