

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000038752

Entity Name: FLEET AUTOPLEX, LLC.

FILED
Feb 06, 2008
Secretary of State

Current Principal Place of Business:

540 N STATE ROAD 434
SUITE 141
ALTOMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

540 N STATE ROAD 434
SUITE 141
ALTOMONTE SPRINGS, FL 32714 US

New Mailing Address:

1680 LADY SLIPPER CIRCLE
ORLANDO, FL 32822 US

FEI Number: 20-4685789 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:

FALAHPOUR, MAHNAZ
540 N STATE ROAD 434
SUITE 141
ALTOMONTE SPRINGS, FL 32714 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: STEVE FALAPHOUR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FALAHPOUR, MAHNAZ
Address: 540 N STATE ROAD 434
City-St-Zip: ALTOMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FALAPHOUR, MAHNAZ
Address: 1680 LADY SLIPPER CIRCLE
City-St-Zip: ORLANDO, FL 32822

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: STEVE FALAPHOUR

MGR

02/06/2008

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