

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000052908

FILED
Apr 09, 2008
Secretary of State

Entity Name: A&R HITS LLC

Current Principal Place of Business:

1025 ARDEN TERRACE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

1044 MEADOW BREEZE LN
SARASOTA, FL 34240

Current Mailing Address:

1025 ARDEN TERRACE
PORT CHARLOTTE, FL 33952

New Mailing Address:

1044 MEADOW BREEZE LN
SARASOTA, FL 34240

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE FLORIDA INCORPORATING COMPANY
1203 GOVERNORS SQUARE BLVD.
STE 101
TALLAHASSEE, FL 323012960 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: RICHARD R HITT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HITT, RICHARD
Address: 1025 ARDEN TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR () Delete
Name: BROOKS, JASON
Address: 1025 ARDEN TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HITT, RICHARD
Address: 1044 MEADOW BREEZE LN
City-St-Zip: SARASOTA, FL 34240

Title: MGR (X) Change () Addition
Name: BROOKS, JASON
Address: 1044 MEADOW BREEZE LN
City-St-Zip: SARASOTA, FL 34240

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: RICHARD R HITT

MGR

04/09/2008

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