

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000068850

**FILED**  
**Dec 12, 2008**  
**Secretary of State**

**Entity Name:** A. AND H. 2 LLC

**Current Principal Place of Business:**

811 SE 10TH ST  
DEERFIELD BEACH, FL 33441 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HOWARD HEAD  
PORT ST. LUCIE, FL 33441 US

**New Mailing Address:**

FEI Number: 20-5234591      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:**

HEAD, HOWARD A  
1997 CROWBERRY DR  
PORT ST. LUCIE, FL 34983 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: HEAD HOWARD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALI, ASHIQ  
Address: 5062 NW 125TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGRM ( ) Delete  
Name: ALI, ASIF  
Address: 5062 NW125TH  
City-St-Zip: CORAL SPRINGS, FL 33076 FL

**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: ASHIQ ALI

MGRM

12/12/2008

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