

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000089174

**FILED**  
**Dec 15, 2008**  
**Secretary of State**

**Entity Name:** ELEMENT AUTOMOTIVE, LLC

**Current Principal Place of Business:**

1795 NORTH CHICKASAW TRAIL  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

311 DANIELS POINTE DRIVE  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

**FEI Number:** 20-5529745      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

SAMUELS, MICHAEL  
1795 NORTH CHICKASAW TRAIL  
ORLANDO, FL 32825 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:** MICHEAL SAMUELS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** SAMUELS, MICHAEL  
**Address:** 311 DANIELS POINTE DRIVE  
**City-St-Zip:** WINTER GARDEN, FL 34787 US

**ADDITIONS/CHANGES:**

**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:** MICHEAL SAMUELS

MM

12/15/2008

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