

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000091971

FILED
Dec 08, 2008
Secretary of State

Entity Name: ALEXANDRIA RENTAL GROUP, LLC

Current Principal Place of Business:

1172 SOUTH DIXIE HWY
453
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

1172 SOUTH DIXIE HWY
453
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 20-5626884 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:

COUTTS, SEAN M
1172 SOUTH DIXIE HWY
453
CORAL GABLES, FL 33146 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: SEAN M. COUTTS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COUTTS, SEAN M
Address: 1172 SOUTH DIXIE HWY 453
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM () Delete
Name: GABER, NADIA
Address: 1172 SOUTH DIXIE HWY 453
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GABER, NADIA M
Address: 1172 SOUTH DIXIE HWY 453
City-St-Zip: CORAL GABLES, FL 33146 US

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: SEAN M. COUTTS

MGR

12/08/2008

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