

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000005300

Entity Name: AB INVEST USA, LLC

FILED  
Jun 19, 2009  
Secretary of State

**Current Principal Place of Business:**

121 SOUTH ORANGE AVE STE 1130  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

5421 SAN GABRIEL WAY  
ORLANDO, FL 32837

**New Mailing Address:**

121 SOUTH ORANGE AVE STE 1130  
ORLANDO, FL 32801

FEI Number: FEI Number Applied For (X) 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:**

SONGUR & ASSOCIATES, P.A.  
5421 SAN GABRIEL WAY  
ORLANDO, FL 32837 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: GIA SONGUR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARSLAN, ZAFER  
Address: 121 SOUTH ORANGE AVE STE 1130  
City-St-Zip: ORLANDO, FL 32801

Title: MGRM ( ) Delete  
Name: ARSLAN, MELIH  
Address: 121 SOUTH ORANGE AVE STE 1130  
City-St-Zip: ORLANDO, FL 32801

**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: ZAFER ARSLAN

MGRM

06/19/2009

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