

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000005345

Entity Name: ALD #1 LLC

FILED  
Oct 16, 2009  
Secretary of State

**Current Principal Place of Business:**

4258 27TH COURT SW APT. 106  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

4258 27TH COURT SW APT. 106  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 06-1801552      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:**

DIBIASIO, ADELE L  
4258 27TH COURT SW APT. 106  
NAPLES, FL 34116      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: ADELE L DIBIASIO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DIBIASIO, ADELE L TRUSTEE  
Address: 4258 27TH COURT SW APT. 106  
City-St-Zip: NAPLES, FL 34116

Title: MGRM      ( ) Delete  
Name: DIBIASIO, ANTHONY J  
Address: 4258 27TH COURT SW APT. 106  
City-St-Zip: NAPLES, FL 34116

**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: ANTHONY J DIBIASIO

MGRM

10/16/2009

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