

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000065966

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** ASSOCIATED PROPERTY MANAGEMENT GROUP LLC

**Current Principal Place of Business:**

16118 N FLORIDA AVE  
LUTZ, FL 33549

**New Principal Place of Business:**

2346 CREEL LANE  
STE 103  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

16118 N FLORIDA AVE  
LUTZ, FL 33549

**New Mailing Address:**

2346 CREEL LANE  
STE 103  
WESLEY CHAPEL, FL 33544

FEI Number: 74-3244369      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:**

FLORES, LILY  
16118 N FLORIDA AVE  
LUTZ, FL 33549    US

**Name and Address of New Registered Agent:**

FLORES, LILY  
2346 CREEL LANE  
STE 103  
WESLEY CHAPEL, FL 33544    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: LILY FLORES

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: FLORES, LILY  
Address: 16118 N FLORIDA AVE  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: FLORES, LILY  
Address: 2346 CREEL LANE  
City-St-Zip: WESLEY CHAPEL, FL 33544

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: LILY FLORES

MGRM

04/28/2009

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