

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000084278

FILED
Sep 30, 2009
Secretary of State

Entity Name: TOP BUY, LLC

Current Principal Place of Business:

4692F NW 183 STREET
MIAMI GARDENS, FL 33055 US

New Principal Place of Business:

4690-D NW 183 STREET
MIAMI GARDENS, FL 33055 US

Current Mailing Address:

4692F NW 183 STREET
MIAMI GARDENS, FL 33055 US

New Mailing Address:

4690-D NW 183 STREET
MIAMI GARDENS, FL 33055 US

FEI Number: 26-0759208 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:

CHANSRICHAWLA, AMRITA
4692F NW 183 STREET
MIAMI GARDENS, FL 33055 US

Name and Address of New Registered Agent:

CHANSRICHAWLA, AMRITA
4690-D NW 183 STREET
MIAMI GARDENS, FL 33055 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: AMRITA CHANSRICHAWLA

09/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAPUR, KARAN
Address: 4692F NW 183 STREET
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: MGR () Delete
Name: CHANSRICHAWLA, AMRITA
Address: 4692F NW 183 STREET
City-St-Zip: MIAMI GARDENS, FL 33055 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KAPUR, KARAN
Address: 4690-D NW 183 STREET
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: MGR (X) Change () Addition
Name: CHANSRICHAWLA, AMRITA
Address: 4690-D NW 183 STREET
City-St-Zip: MIAMI GARDENS, FL 33055 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: AMRITA CHANSRICHAWLA

D

09/30/2009

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