2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# L08000002768

Entity Name: ABBA ESTATES LLC

Current Principal Place of Business:

9092 127TH ST
SEMIONOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

9092 127TH ST
SEMIONOLE, FL 33776

New Mailing Address:

FEI Number: 26-1701670 **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:

STEPNIEWSKI, JANUSZ
9092 127TH ST
SEMINOLE, FL 33776 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: JANUSZ STEPNIEWSKI

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	STEPNIEWSKI, JANUSZ	
Address:	9092 127TH ST	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	MGR	( ) Delete
Name:	STEPNIEWSKI, ALICIA M	
Address:	9092 127TH ST	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	MGR	( ) Delete
Name:	STEPNIEWSKI, HELENE C	
Address:	9092 127TH ST	
City-St-Zip:	SEMINOLE, FL 33776	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JANUSZ STEPNIEWSKI MGRM 10/13/2009

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