

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000023135

**FILED**  
**Oct 08, 2009**  
**Secretary of State**

**Entity Name:** ACE POWER PRODUCTS,LLC

**Current Principal Place of Business:**

9431 NW 4TH ST.  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 849197-33178  
PEMBROKE PINES, FL 33084

**New Mailing Address:**

**FEI Number:** 80-0171309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CABRET, RICHARD  
9431 NW 4TH ST.  
PEMBROKE PINES, FL 33024 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: RICHARD CABRET

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: CABRET, RICHARD  
Address: 9431 N.W.4TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33024

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: RICHARD CABRET

MGR

10/08/2009

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