

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000048299

Entity Name: ABH BUSINESS SOLUTIONS, LLC.

**FILED**  
**Oct 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15017 LAUREL COVE CIRCLE  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

15017 LAUREL COVE CIRCLE  
ODESSA, FL 33556 US

**New Mailing Address:**

FEI Number: 26-2618214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HOFMANN, ANDREW  
15017 LAUREL COVE CIRCLE  
ODESSA, FL 33556 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: ANDREW HOFMANN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOFMANN, ANDREW  
Address: 15017 LAUREL COVE CIRCLE  
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM  
Name: HOFMANN, STEPHANEE  
Address: 15017 LAUREL COVE CIRCLE  
City-St-Zip: ODESSA, FL 33556 US

I hereby 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: ANDREW HOFMANN

MGRM

10/19/2011

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