

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000070794

FILED
Nov 02, 2009
Secretary of State

Entity Name: AB APPLIANCES SALES&SERVICES LLC.

Current Principal Place of Business:

1840 SW 63 RD TERRACE
NORTH LAUDERDALE, FL 33068 BR

New Principal Place of Business:

1841 SW 63 RD TERRACE
NORTH LAUDERDALE, FL 33068 BR

Current Mailing Address:

1840 SW 63 RD TERRACE
NORTH LAUDERDALE, FL 33068 BR

New Mailing Address:

1841 SW 63 RD TERRACE
NORTH LAUDERDALE, FL 33068 BR

FEI Number: 26-3027524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIVINGSTON, LEACROFT W
7240 W MCNAB RD
NORTH LAUDERDALE, FL 33068 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: LEACROFT LIVINGSTON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GREY, DENNIS G
Address: 1841 SW 63RD TERRACE
City-St-Zip: NORTH LAUDERDALE, FL 33068 BR

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GREY, DENNIS G
Address: 5760 ROCK ISLAND ROAD APT 307
City-St-Zip: TAMARAC, FL 33319 BR

Title: MGR () Change (X) Addition
Name: GREY, TRECIA A
Address: 5760 ROCK ISLAND ROAD APT 307
City-St-Zip: TAMARAC, FL 33319 BR

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: DENNIS GREY

MGR

11/02/2009

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