

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000072910

FILED
Oct 02, 2009
Secretary of State

Entity Name: AIO PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

918 N 32 AVE
HOLLYWOOD, FL 33021

New Principal Place of Business:

5648 ARTHUR
HOLLYWOOD, FL 33021

Current Mailing Address:

918 N 32 AVE
HOLLYWOOD, FL 33021

New Mailing Address:

5648 ARTHUR
HOLLYWOOD, FL 33021

FEI Number: 26-3094225 **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:

SABBAGH, TAMARA R
918 N 32 AVE
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

SABBAGH, TAMARA R
5648 ARTHUR
HOLLYWOOD, FL 33021 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: TAMARA SABBAGH

10/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SABBAGH, TAMARA R
Address: 918 N 32 AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR (X) Delete
Name: SABBAGH, NAHUM A
Address: 918 N 32 AVE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SABBAGH, TAMARA R
Address: 5648 ARTHUR
City-St-Zip: HOLLYWOOD, FL 33021

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: TAMARA SABBAGH

MGR

10/02/2009

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