

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000078351

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** SUPER DAVE AUTO DIAGNOSTIC & REPAIR LLC

**Current Principal Place of Business:**

3221 N UNIVERSITY DR  
DAVIE, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

3221 N UNIVERSITY DR  
DAVIE, FL 33024 US

**New Mailing Address:**

FEI Number: 26-3186949      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

LEVY, DAVID  
3221 N UNIVERSITY DR  
DAVIE, 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: DAVID LEVY

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEVY, DAVID  
Address: 3221 N UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33024 US

Title: MGRM  
Name: GDASI, SHLOMO  
Address: 3221 N UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33024 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: DAVID LEVY

MGRM

03/10/2010

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