

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000090121

**FILED**  
**Oct 05, 2009**  
**Secretary of State**

**Entity Name:** KOOLFAB, LLC

**Current Principal Place of Business:**

10151 DEERWOOD PARK BLVD  
BLDG 200 - STER 250  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

A-KOOL DISTRIBUTION COMPANY LLC  
606 LANE AVE NORTH - STE 606-2  
JACKSONVILLE, FL 32254 US

**New Mailing Address:**

**FEI Number:** 38-3795037      **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:**

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

ASHLEY, DAVID R MR.  
10151 DEERWOOD PARK BOULEVARD  
BUILDING 200; SUITE 250  
JACKSONVILLE, FL 32256 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:** DAVID R ASHLEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGRM      ( ) Delete  
**Name:** ASHLEY, DAVID R MR.  
**Address:** 5020 YACHT CLUB ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32210 US

**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:** DAVID R ASHLEY

MGRM

10/05/2009

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