

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000094071

FILED
Sep 30, 2009
Secretary of State

Entity Name: HOLIDAY SOLUTIONS LLC

Current Principal Place of Business:

132 NW 18TH STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

12843 SW 147 ST
MIAMI, FL 33186

Current Mailing Address:

132 NW 18TH STREET
HOMESTEAD, FL 33030

New Mailing Address:

12843 SW 147 ST
MIAMI, FL 33186

FEI Number: 80-0274050 **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:

CARDER, JOHN C
132 NW 18TH STREET
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

CARDER, JOHN
12843 SW 147 STREET
MIAMI, FL 33186 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: JOHN CARDER

09/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARDER, JOHN C
Address: 132 NW 18TH STREET
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARDER, JOHN C
Address: 12843 SW 147 ST
City-St-Zip: MIAMI, FL 33186

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: JOHN CARDER

MGMR

09/30/2009

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