

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000104055

Entity Name: ASAUTO LLC

FILED
Dec 07, 2009
Secretary of State

Current Principal Place of Business:

16431 SW 81 TERRA
MIAMI, FL 33193

New Principal Place of Business:

2357 W 77 ST
HIALEAH, FL 33016

Current Mailing Address:

16431 SW 81 TERRA
MIAMI, FL 33193

New Mailing Address:

2357 W 77 ST
HIALEAH, FL 33016

FEI Number: 26-3672161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ DE CORCHO, MARIA D
16431 SW 81 TERRA
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

PEREZ DE CORCHO, MARIA
2357 W 77 ST
HIALEAH, FL 33016 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: MARIA PEREZ DE CORCHO

12/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEREZ DE CORCHO, LUIS
Address: 16431 SW 81 TERRA
City-St-Zip: MIAMI, FL 33193

Title: MGRM () Delete
Name: SILVA, EDUARDO
Address: 16431 SW 81 TERRA
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEREZ DE CORCHO, LUIS
Address: 2357 W 77 ST
City-St-Zip: HIALEAH, FL 33016

Title: MGRM (X) Change () Addition
Name: SILVA, EDUARDO
Address: 2357 W 77 ST
City-St-Zip: HIALEAH, FL 33016

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: MARIA PEREZ DE CORCHO

MGRM

12/07/2009

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