## 2016 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:



<b>)</b> **
16 FEB 2
SECRETA

DOCUMENT # L0900002305  1. Entity Name AUTO BROKER LLC						16 FEB 23 PM 3: 28  SECRETARY OF SIME TALLAHARSEF PLORIDA						
Principal Plac 1714 S. MOI TALLAHASSE			Mailing Address P O BOX 7557 TALLAHASSEE, FL 323	314				PATTAGE	TUA SUMPS			
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc. Suite, Apt. #, etc					022	232016	REIN-LLC	CR2E	101 (12/11)			
City & State			City & State				El Numbe 94-346			<u> </u>	olied For Applicable	
Zip	Cou	•	Zip	Соил	try		5. Certificate of Status Desired   \$5.00 Additional Fee Required					
	6. Name and A	ddress of Current R	egistered Agent		7. Name and Address of New Registered Agent							
PARKER,	TORREY				Name							
1714 S. MONROE ST. TALLAHASSEE, FL 32301			Street Address (P.O. Box Number is Not Acceptable)									
					City				FL	Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE	Signature, Fred or printed	name of registered agent an	d tite if applicable. (NOT)	E: Register	ed Agent signature	required when	reinstating)		DATE			
	E NOWIII FEE IS lary 1, 2017, Fee							•	ake check p da Departm	•	٠, ،	
9.	N	IANAGING MEMBER	S/MANAGERS	10.				ADDITION	S/CHANGES			
TITLE NAME STREET ADDRESS	MGRM PARKER, TORI 1714 S. MONRO		☐ Delete	TITLE NAME STRE						☐ Change	Addition ·	
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TITLE NAME			☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ÇITY-	ET ADDRESS - ST-ZIP							
11. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.												

SIGNATURE AND TYPED OF FUNTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

AUTOBROKEN LICE GANIL COM

E-MAIL ADDRESS