

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000070438

**Entity Name:** ASTWOOD FINANCIAL LLC

**FILED**  
**Oct 01, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

469 NE 189 STREET  
MIAMI, FL 33179

**New Principal Place of Business:**

16400 NW 15 AVE  
MIAMI, FL 33169

**Current Mailing Address:**

P.O BOX 172272  
HIALEAH, FL 33172

**New Mailing Address:**

P.O BOX 693772  
MIAMI, FL 33269

**FEI Number:** 45-2555309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ASTWOOD, GEORGE L  
469 NE 189 ST  
MIAMI, FL 33179 US

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

ASTWOOD, GEORGE L  
16400 NW 15 AVE  
MIAMI, FL 33169 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: GEORGE ASTWOOD

10/01/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ASTWOOD, GEORGE L  
Address: P.O. BOX 172272  
City-St-Zip: MIAMI, FL 33172

Title: MGR  
Name: ASTWOOD, OPIA Z  
Address: P.O. BOX 172272  
City-St-Zip: MIAMI, FL 33172

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: GEORGE ASTWOOD

MGR

10/01/2013

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