

Division of Corporations

Florida Department of State
Division of Corporations
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Attn:
Russell Hunt

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.
Account Number : I20040000167
Phone : (305) 377-0809
Fax Number : (305) 377-0781

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ****

Email Address: Kimberly @ pbyalaw.com

LIMITED LIABILITY REINSTATEMENT
AASA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Chage	\$238.75

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TALLAHASSEE FLORIDA

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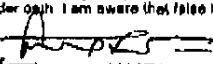
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L16000210684					
1. Limited Liability Company's Name AASA LLC					
2. Principal Office Address - No P.O. Box # 6990 SW 127th Avenue Suite, Apt. #, etc.			3. Mailing Office Address 6990 SW 127th Avenue Suite, Apt. #, etc.		
City & State Southwest Ranches, FL			City & State Southwest Ranches, FL		
Zip 33330	Country USA	Zip 33330	Country USA	4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/22/2015				6. FEI Number 81-1054212	
7. CERTIFICATE OF STATUS DESIRED ☐ Must be obtained from the Department of State.				Applied For ☐ Not Applicable ☐	
8. Name and Address of Current Registered Agent					
Name PBYA Corporate Services, LLC					
Street Address (P.O. Box Number is Not Acceptable) Suite, 200 South Andrews Avenue, Suite 600					
Apt. #, Etc.					
City Fort Lauderdale		State FL	Zip Code 33301		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent 				Date 10/25/16	
Periman, Bajandas, Yevoli & Albright PL, MGRM by Jason Periman, Mgr.					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	Atal Bansal	10167 W. Sunrise Blvd., Suite 200		Plantation, FL 33322	
REINSTATEMENT					
087-27-2016 R. HUNT					
11. E-mail Address: Kimberly@pbyalaw.com					
(To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0019, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/member 				Date 10/24/2016 Daytime Phone # 954-342-5676	
Typed or printed name of signing authorized representative/member Atal Bansal					

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