

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000002651

**FILED**  
**Oct 08, 2009**  
**Secretary of State**

**Entity Name:** HAAS FACTORY OUTLET, LLC

**Current Principal Place of Business:**

913 U.S. HIGHWAY 301 SOUTH  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

913 U.S. HIGHWAY 301 SOUTH  
TAMPA, FL 33619

**New Mailing Address:**

910 DAY HILL ROAD  
WINDSOR, CT 06095

**FEI Number:** 11-3688833      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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:** TAMMY TOFTEROO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** BOWEN, JOHN  
**Address:** 14 GARDEN GATE  
**City-St-Zip:** FARMINGTON, CT 06032

**Title:** MGR      ( ) Delete  
**Name:** HAAS, GENE  
**Address:** 2800 STURGIS RD  
**City-St-Zip:** OXNARD, CA 93030

**Title:** MGR      ( ) Delete  
**Name:** MYRE, SCOTT J  
**Address:** 4711 SAN MIGUEL STREET  
**City-St-Zip:** TAMPA, FL 33067

**Title:** MGR      ( ) Delete  
**Name:** MORRIS, BRADLEY R  
**Address:** 910 BAY HILL RD  
**City-St-Zip:** WINDSOR, CT 06095

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** MGR      (X) Change ( ) Addition  
**Name:** MYRE, SCOTT J  
**Address:** 5919 BOWEN DANIEL DRIVE, UNIT #102  
**City-St-Zip:** TAMPA, FL 33616

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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 BOWEN

MR

10/08/2009

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