

# 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:**

910 DAY HILL ROAD  
WINDSOR, CT 06095

**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