

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000035399

FILED
Jan 08, 2007
Secretary of State

Entity Name: PRECISION LIGHT WAVE, LLC

Current Principal Place of Business:

3676 N. WICKHAM ROAD
B-120
MELBOURNE, FL 32935

New Principal Place of Business:

2526 EMPIRE AVE
MELBOURNE, FL 32934

Current Mailing Address:

3676 N. WICKHAM ROAD
B-120
MELBOURNE, FL 32935

New Mailing Address:

2526 EMPIRE AVE
MELBOURNE, FL 32934

FEI Number: 20-2653570 **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:

CRITCHLEY, WALTER D
2526 EMPIRE AVE
MELBOURNE, FL 32934 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: WALTER D CRITCHLEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRITCHLEY, WALTER D
Address: 2526 EMPIRE AVE.
City-St-Zip: MELBOURNE, FL 32934

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: CRITCHLEY, KIMBERLY M
Address: 2526 EMPIRE AVE
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY M CRITCHLEY

MGR

01/08/2007

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