

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 18, 2009
Secretary of State**

DOCUMENT# M05000002276

Entity Name: AFT SAFETY & ENVIRONEMENTAL, LLC

Current Principal Place of Business:

84 NEWTON PLAZA
PLAINVIEW, NY 11803

New Principal Place of Business:

200 S. SERVICE RD
SUITE 207
ROSLYN HEIGHTS, NY 11577

Current Mailing Address:

4327 S HIGHWAY 27
STE 306
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 74-3068177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

LAVELLE, PATRICIA
4327 S HIGHWAY 27 STE 306
CLERMONT, FL 34711 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: PATRICIA LAVELLE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: CUNNINGHAM, ANDREW
Address: 84 NEWTON PLAZA
City-St-Zip: PLAINVIEW, NY 11803

Title: MGR (X) Change () Addition
Name: LAVELLE, PATRICIA
Address: 200 S. SERVICE RD-SUITE 207
City-St-Zip: ROSLYN HEIGHTS, NY 11577

Title: MGR () Delete
Name: LAVELLE, PATRICIA
Address: 4322 S HWY 27 STE 306
City-St-Zip: CLERMONT, FL 34711

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: PATRICIA LAVELLE

MGR

10/18/2009

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