

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000016776

Entity Name: CITY INSTALLERS LLC

FILED
Dec 16, 2009
Secretary of State

Current Principal Place of Business:

1883 LOCHSHYRE LOOP
OCOE, FL 34761 US

New Principal Place of Business:

7719 GREY TWIG LN
ORLANDO, FL 32818 US

Current Mailing Address:

1883 LOCHSHYRE LOOP
OCOE, FL 34761 US

New Mailing Address:

FEI Number: 35-2248044 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:

LAL, VARENDRA
1877 LOCHSHYRE LOOP
OCOE, FL 34761 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: VARENDRA LAL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAL, VARENDRA
Address: 1877 LOCHSHYRE LOOP
City-St-Zip: OCOE, FL 34761 US

Title: MGRM () Delete
Name: LAL, RICHARD
Address: 1877 LOCHSHYRE LOOP
City-St-Zip: OCOE, FL 34761 US

Title: MGRM () Delete
Name: KISSOONCHAND, JAGDESH
Address: 7507 FORDHAM CREEK LANE
City-St-Zip: ORLANDO, FL 32818 US

ADDITIONS/CHANGES:

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

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

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: VARENDRA LAL

MGRM

12/16/2009

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