

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000139540

**Entity Name:** LOPES PROFESSIONAL INSTALLATIONS, LLC

**Current Principal Place of Business:**

6011 AMBASSADOR DR  
TAMPA, FL 33615

**Current Mailing Address:**

6011 AMBASSADOR DR  
TAMPA, FL 33615 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

LOPES DA SILVA, CLEBSON  
6011 AMBASSADOR DR  
TAMPA, FL 33615 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:** CLEBSON LOPES DA SILVA

05/28/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LOPES DA SILVA, CLEBSON  
Address 6011 AMBASSADOR DR  
City-State-Zip: TAMPA FL 33615

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLEBSON LOPES DA SILVA

MANAGER

05/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date