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.

PRES.

**Current Principal Place of Business:** 

UNIT F TAMPA, FL 33634

### **Current Mailing Address:**

DOCUMENT# L19000101700

5437 GINGER COVE DRIVE UNIT F TAMPA, FL 33634

# **FEI Number: NOT APPLICABLE**

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

JOSEPH, GILROY 5437 GINGER COVE DRIVE UNIT F TAMPA, FL 33634 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: GILROY JOSEPH

Electronic Signature of Registered Agent

Entity Name: BEST TECH CABLING AND NETWORK INSTALLATION LLC

#### Authorized Person(s) Detail :

Title PRES GILROY, JOSEPH Name 5437 GINGER COVE DR, UNIT F Address

City-State-Zip: TAMPA FL 33634

SIGNATURE: GILROYJJOSEPH

Electronic Signature of Signing Authorized Person(s) Detail

# 2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT FILED

## Oct 13, 2023 Secretary of State 9648153848CR

Certificate of Status Desired: Yes

10/13/2023 Date

10/13/2023 Date