

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000008131

FILED
Nov 18, 2009
Secretary of State

Entity Name: AZTEC MECHANICAL SERVICES, LLC

Current Principal Place of Business:

3329 PEACH DRIVE
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16007
JACKSONVILLE, FL 322456007

New Mailing Address:

FEI Number: 01-0672489 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:

SANCHEZ, LARRY SR
3329 PEACH DRIVE
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

SANCHEZ, LARRY JR
3329 PEACH DRIVE
JACKSONVILLE, FL 32246 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: LARRY SANCHEZ JR

11/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANCHEZ, LARRY JR
Address: 2929 TOWNSEND BLVD.
City-St-Zip: JACKSONVILLE, FL 32277

Title: MGRM () Delete
Name: SANCHEZ, LARRY SR,
Address: 2929 TOWNSEND BLVD.
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANCHEZ, LARRY JR
Address: 3329 PEACH DR
City-St-Zip: JACKSONVILLE, FL 32246

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: LARRY SANCHEZ JR

MGR

11/18/2009

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