

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000015576

**FILED**  
**Dec 01, 2008**  
**Secretary of State**

**Entity Name:** ADVANCED POWER SYSTEMS, LLC

**Current Principal Place of Business:**

91 STONEBRIDGE BLVD.  
JACKSON, TN 38305

**New Principal Place of Business:**

33 OLD HICKORY BLVD  
JACKSON, TN 38305

**Current Mailing Address:**

91 STONEBRIDGE BLVD.  
JACKSON, TN 38305

**New Mailing Address:**

33 OLD HICKORY BLVD  
JACKSON, TN 38305

**FEI Number:** 56-2294506      **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:**

LAMA, ORLANDO C  
5630 THORNBLUFF AVE  
DAVIE, FL 33331 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:** ORLANDO LAMA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** YOUNG, CHOW  
**Address:** 91 STONEBRIDGE BLVD  
**City-St-Zip:** JACKSON, TN 38305

**ADDITIONS/CHANGES:**

**Title:** MGR      (X) Change ( ) Addition  
**Name:** YOUNG, CHOW  
**Address:** 33 OLD HICKORY BLVD  
**City-St-Zip:** JACKSON, TN 38305

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:** YOUNG CHOW

MGR

12/01/2008

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