

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000002931

Entity Name: MRC SYSTEMS LC

FILED
Jan 02, 2007
Secretary of State

Current Principal Place of Business:

1282 CIMARRON CIRCLE NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

1282 CIMARRON CIRCLE NE
PALM BAY, FL 32905

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONROY, MATTHEW R
1282 CIMARRON CIRCLE NE
PALM BAY, FL 32905 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: MATTHEW R. CONROY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CONROY, MATTHEW R
Address: 1282 CIMARRON CIRCLE NE
City-St-Zip: PALM BAY, FL 32905 US

Title: MGRM () Delete
Name: CONROY, LISA A
Address: 1282 CIMARRON CIRCLE NE
City-St-Zip: PALM BAY, FL 32905 US

Title: MGRM () Delete
Name: CONROY, AMANDA R
Address: 1282 CIMARRON CIRCLE NE
City-St-Zip: PALM BAY, FL 32905 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CONROY, LISA A
Address: 1282 CIMARRON CIRCLE NE
City-St-Zip: PALM BAY, FL 32905 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MATTHEW R. CONROY

MGR

01/02/2007

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