

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000028964

**FILED**  
**Oct 08, 2005**  
**Secretary of State**

**Entity Name:** COMFORT MASTER INTERNATIONAL, L.L.C.

**Current Principal Place of Business:**

2143 HARBOR COVE WAY  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

2143 HARBOR COVE WAY  
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number:** 45-0521149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FABRIKANT, KEVIN H  
1250 E. HALLANDALE BEACH BLVD., STE. 710  
HALLANDALE, FL 33009 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: KEVIN H. FABRIKANT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOHNSON, LARRY W MGR  
Address: 2143 HARBOR COVE WAY  
City-St-Zip: WINTER GARDEN, FL 34787 US

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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 W. JOHNSON

MGR

10/08/2005

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