

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000040390

**FILED**  
**Mar 16, 2006**  
**Secretary of State**

**Entity Name:** PRODUCTION, SYSTEMS AND DESIGN L.L.C.

**Current Principal Place of Business:**

7636 US 1 HWY S.  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

181 RIVER PARK BLVD.  
TITUSVILLE, FL 32780 US

**New Mailing Address:**

**FEI Number:** 90-0116074      **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:**

ROBINSON, COREY --  
181 RIVER PARK BLVD.  
TITUSVILLE, FL 32780 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:** COREY ROBINSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P      ( ) Delete  
**Name:** ROBINSON, COREY  
**Address:** 181 RIVERA PARK BLVD.  
**City-St-Zip:** TITUSVILLE, FL 32780

**ADDITIONS/CHANGES:**

**Title:** CEO      (X) Change ( ) Addition  
**Name:** ROBINSON, COREY  
**Address:** 181 RIVERA PARK BLVD.  
**City-St-Zip:** TITUSVILLE, FL 32780

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:** COREY ROBINSON

CEO

03/16/2006

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