

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000040575

**FILED**  
**Oct 19, 2005**  
**Secretary of State**

**Entity Name:** FAB METAL SERVICES, L.L.C.

**Current Principal Place of Business:**

735 AIRPARK ROAD UNIT 4 AND 10  
EDGEWATER, FL 32132

**New Principal Place of Business:**

**Current Mailing Address:**

735 AIRPARK ROAD UNIT 4 AND 10  
EDGEWATER, FL 32132

**New Mailing Address:**

3019 YULE TREE DRIVE  
EDGEWATER, FL 32141

**FEI Number:** 42-1610553      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

ULCH, DEBORAH ANNE  
735 AIRPARK ROAD UNIT 4 AND 10  
EDGEWATER, FL 32132    US

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

ULCH, DEBORAH ANNE  
3019 YULE TREE DRIVE  
EDGEWATER, FL 32141    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: DEBORAH A. ULCH

10/19/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: ULCH, DEBORAH ANNE  
Address: 3019 YULE TREE DRIVE  
City-St-Zip: EDGEWATER, FL 32141

**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: DEBORAH A. ULCH

MGRM

10/19/2005

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