

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000041499

FILED
Aug 04, 2005
Secretary of State

Entity Name: FLORIDA'S CABLING SOLUTIONS, LLC

Current Principal Place of Business:

452 LANARKSHIRE PL
APOPKA, FL 32712

New Principal Place of Business:

900 FOX VALLEY DR
SUITE 206
LONGWOOD, FL 32779

Current Mailing Address:

452 LANARKSHIRE PL
APOPKA, FL 32712

New Mailing Address:

900 FOX VALLEY DR
SUITE 206
LONGWOOD, FL 32779

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

HARRISON, JODI
452 LANARKSHIRE PL
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

HARRISON, JODI
900 FOX VALLEY DR
SUITE 206
LONGWOOD, FL 32779 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: JODI HAARRISON

08/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARRISON, JODI LEE
Address: 452 LANARKSHIRE PL
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HARRISON, JODI LEE
Address: 900 FOX VALLEY DR
City-St-Zip: LONGWOOD, FL 32779

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: JODI HARRISON

MGR

08/04/2005

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