

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000047400

FILED
Mar 20, 2007
Secretary of State

Entity Name: DANE'S INSTALLATION & REPAIR SERVICE, LLC

Current Principal Place of Business:

9730 SW 301TH TERR
OCALA, FL 34476 US

New Principal Place of Business:

7685 N. PARIS DRIVE
CITRUS SPRINGS, FL 34434 US

Current Mailing Address:

9730 SW 301TH TERR
OCALA, FL 34476 US

New Mailing Address:

7685 N. PARIS DRIVE
CITRUS SPRINGS, FL 34434 US

FEI Number: 59-3265277 **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:

MICHAELS, DANE
8346 W RAINBOW OAKS CT
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

MICHAELS, DANE
7685 N. PARIS DRIVE
CITRUS SPRINGS, FL 34434 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: DANE MICHAELS

03/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MICHAELS, DANE V
Address: 8346 W RAINBOW OAKS CT
City-St-Zip: CRYSTAL RIVER, FL 34428 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MICHAELS, DANE V
Address: 7685 N. PARIS DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34434 US

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: DANE MICHAELS

MGRM

03/20/2007

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