

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000048350

1. Entity Name
VDB INSTALLATIONS, LLC



FILED
2007 OCT 17 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1428 E. SEMORAN BLVD. SUITE 103
APOPKA, FL 32703

Mailing Address
1428 E. SEMORAN BLVD. SUITE 103
APOPKA, FL 32703

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10082007 REIN-LLC CR2E101 (1/07)

4. FEI Number

16-1688782

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, TIMOTHY G
1428 E. SEMORAN BLVD. SUITE 103
APOPKA, FL 32703

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Timothy G. Parker
Signature, typed or printed name of registered agent and title if applicable.

Timothy G. Parker
(NOTE: Registered Agent signature required when reinstating)

10-15-07
DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME PARKER, TIMOTHY G
STREET ADDRESS 1319 PINWOOD AVE.
CITY-ST-ZIP LAKELAND, FL 33853

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400110803274
CITY-ST-ZIP 10/17/07--01051--019 **55.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Timothy G. Parker

Timothy G. Parker

10-15-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #