2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 08, 2008
Secretary of State

DOCUMENT# L03000048640

Entity Name: TIM FUXAN ELECTRIC "LLC"

Current Principal Place of Business:

19735 LIVINGSTON AVE.
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

19735 LIVINGSTON AVE.
LUTZ, FL 33559

New Mailing Address:

FEI Number: 59-3078523 **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:

FUXAN, TIMOTHY A
19735 LIVINGSTON AVE.
LUTZ, FL 33559 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: TIMOTHY FUXAN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	FUXAN, TIMOTHY A	
Address:	19735 LIVINGSTON AVE.	
City-St-Zip:	LUTZ, FL 33559	
Title:	MGRM	( ) Delete
Name:	CRUZ, ARMANDO L	
Address:	19735 LIVINGSTON AVE.	
City-St-Zip:	LUTZ, FL 33559	
Title:	MGRM	( ) Delete
Name:	FUXAN, DEBRA S	
Address:	19735 LIVINGSTON AVE.	
City-St-Zip:	LUTZ, FL 33559 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY FUXAN MGR 12/08/2008

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