

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000050457

FILED
Sep 19, 2005
Secretary of State

Entity Name: TOTAL LIGHTNING PROTECTION SERVICE L.L.C.

Current Principal Place of Business:

7349 HART STREET
ENGLEWOOD, FL 34224

New Principal Place of Business:

1390 MSCRORY STREET
NORTH PORT, FL 34286

Current Mailing Address:

7349 HART STREET
ENGLEWOOD, FL 34224

New Mailing Address:

1390 MCCRORY STREET
NORTH PORT, FL 34286

FEI Number: 26-4532645 **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:

ANDREWS, BRIAN J
7349 HART STREET
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

ANDREWS, BRIAN J
1390 MCCRORY STREET
NORTH PORT, FL 34286 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: BRIAN ANDREWS

09/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANDREWS, BRIAN J
Address: 7349 HART STREET
City-St-Zip: ENGLEWOOD, FL 34224

Title: MGRM () Delete
Name: ANDREWS, KAREN
Address: 7349 HART STREET
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANDREWS, BRIAN J
Address: 1390 MCCRORY STREET
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM (X) Change () Addition
Name: ANDREWS, KAREN
Address: 1390 MCCRORY STREET
City-St-Zip: NORTH PORT, FL 34286

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: BRIAN ANDREWS

MGR

09/19/2005

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