2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L03000054078** SPEEDY SPRINKLER SERVICES OF BREVARD LLC 06 DEC 19 AM 10: 55 Principal Place of Business Mailing Address 6005 N. WICKHAM RD 204 MARTIN ST MELBOURNE, FL 32940 INDIAN HARBOR BEACH, FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 0052006 REIN-LLC CR2E101 (11/05) City & State City & State 4. FEI Number Applied For 20-2129587 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLAKESLEE, RANDY J Street Address (P.O. Box Number is Not Acceptable) 6005 N. WICKHAM RD MELBOURNE, FL 32940 City 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 reals **SIGNATURE** agent and title if applicable. (MOTE: Registered Agent sig FILE NOWIII FEE IS \$150.00 Make check payable to After January 1, 2007, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE ☐ Change Addition BLAKESLEE, RANDY J NAME NAME **500082640585** 12/19/06--01033--005 **150.00 STREET ADDRESS 204 MARTIN ST. STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE Change ☐ Addition REMISTATEMENT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-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.

FILLED

321-536-8284