

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000015309

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** A DROP IN CEILING LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

12122 N.W. 23D MANOR  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

12122 N.W. 23D MANOR  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 04-0421548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SARTORI, WAYNE P  
12122 N.W. 23D MANOR  
CORAL SPRINGS, FL 33065 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: WAYNE SARTORI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SARTORI, WAYNE P  
Address: 12122 N.W. 23D MANOR  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby 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: WAYNE SARTORI

MGRM

01/19/2011

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