

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000022162

1. Entity Name
THOMPSON ELECTRIC & MECHANICAL CO., L.L.C.



06 NOV -3 PM 5: 38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
66 ANDREW SPEARS RD.
CRAWFORDVILLE, FL 32327

Mailing Address
66 ANDREW SPEARS RD.
CRAWFORDVILLE, FL 32327

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State

Zip Country

10122006 REIN-LLC CR2E101 (11/05)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, NATHAN JR
66 ANDREW SPEARS RD.
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

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 *Nathan Thompson Jr* Nathan Thompson Jr 10/31/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, NATHAN JR 66 ANDREW SPEARS RD. CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000081499650 11/03/06--01034--023 **150.00
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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: *Nathan Thompson Jr* 10/31/06 850/ 926-5931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #