

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000025921

Entity Name: APEX INSTALLATIONS, LLC

FILED
Sep 20, 2005
Secretary of State

Current Principal Place of Business:

1315 7TH STREET
ST. CLOUD, FL 34769

New Principal Place of Business:

2150 BARRATT CT
ST. CLOUD, FL 34771

Current Mailing Address:

1315 7TH STREET
ST. CLOUD, FL 34769

New Mailing Address:

2150 BARRATT CT
ST. CLOUD, FL 34771

FEI Number: 26-0087314 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:

POPE, SHAUN
1315 7TH STREET
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

POPE, SHAUN
2150 BARRATT CT
ST. CLOUD, FL 34771 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: SHAUN POPE

09/20/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POPE, SHAUN
Address: 1315 7TH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: POPE, SHAUN M MGR
Address: 2150 BARRATT CT
City-St-Zip: ST. CLOUD, FL 34771

Title: MGRM () Change (X) Addition
Name: SAUCIER, SCOTT A MGRM
Address: 3901 RAMBLER AVE
City-St-Zip: ST CLOUD, FL 34772

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: SHAUN POPE

MGR

09/20/2005

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