

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000043424

**FILED**  
**Mar 04, 2007**  
**Secretary of State**

**Entity Name:** ASAP & SON'S SEAMLESS GUTTERS LLC

**Current Principal Place of Business:**

5304 LAPIS CT  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

2814 ANN ARBOR ROAD  
PORT ST. LUCIE, FL 34953 US

**New Mailing Address:**

4271 SW BACHMAN STREET  
PORT ST. LUCIE, FL 34953 US

FEI Number: 52-2407265      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

CONTI, JIMMY  
2814 ANN ARBOR ROAD  
PORT ST. LUCIE, FL 34953 US

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

CONTI, JIMMY  
4271 SW BACHMAN STREET  
PORT ST. LUCIE, FL 34953 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: JIMMY CONTI

03/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOOTH, VICTORIA D MGR  
Address: 2814 SW ANN ARBOR ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BOOTH, VICTORIA D MGR  
Address: 4271 SW BACHMAN STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: VICTORIA D BOOTH

MGR

03/04/2007

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