

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 27 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03132007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L04000068413					
1. Entity Name ANGELO R. ESPER, JR.'S INSTALLATION SERVICE "LLC"					
Principal Place of Business 5595 EAST IRLO BRONSON HIGHWAY SUITE 19 - LOT 19 SAINT CLOUD, FL 34771 US			Mailing Address 5595 EAST IRLO BRONSON HIGHWAY SUITE 19 - LOT 19 SAINT CLOUD, FL 34771 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1676555	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ESPER, ANGELO R JR. 5595 EAST IRLO BRONSON HIGHWAY LOT 19 ST. CLOUD, FL 34771			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 <i>Angelo R. Esper Jr.</i>			DATE 3-14-07		
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ESPER, ANGELO R JR. 5595 EAST IRLO BRONSON HIGHWAY ST. CLOUD, FL 34771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000095789430 04/04/07--01026--013 **205.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Angelo R. Esper Jr.</i>			DATE 3-14-07 407-375-8746		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					