2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2006
Secretary of State

DOCUMENT# L04000082262

Entity Name: MODULAR REPAIR, LLC

Current Principal Place of Business:

502 SOUTH FREMONT AVE
504
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18151
TAMPA, FL 33679 US

New Mailing Address:

FEI Number: 20-2063407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOGAN, DIL
502 SOUTH FREMONT AVE
504
TAMPA, FL 33606 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: DIL HOGAN

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HOGAN, DIL
Address: 502 SOUTH FREMONT AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DIL HOGAN MGR 10/14/2006

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