

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000001862

**FILED**  
**Jan 09, 2008**  
**Secretary of State**

**Entity Name:** TECHNOFUEGO FIRE & SAFETY, LLC

**Current Principal Place of Business:**

2250 NW 136TH AVENUE  
PEMBROKE FALLS EXECUTIVE SUITES  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

2250 NW 136TH AVENUE  
PEMBROKE FALLS EXECUTIVE SUITES  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

**FEI Number:** 20-2118662      **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:**

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

TOVAR, ILEANA A  
2250 NW 136TH AVENUE  
ARIAS TOVAR & ASSOCIATES PA  
PEMBROKE PINES, FL 33028 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: ILEANA ARIAS TOVAR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GOMEZ, SALOMON  
Address: 2250 NW 136TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

**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 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: SALOMON GOMEZ

MGR

01/09/2008

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