

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000009368

**FILED**  
**Oct 17, 2006**  
**Secretary of State**

**Entity Name:** TAMiami AIR BALANCING AND COMMISSIONING, LLC

**Current Principal Place of Business:**

POST OFFICE BOX 250  
OSPREY, FL 34229

**New Principal Place of Business:**

8359 BEACON BLVD.  
FT. MYERS, FL 33907

**Current Mailing Address:**

POST OFFICE BOX 250  
OSPREY, FL 34229 US

**New Mailing Address:**

8359 BEACON BLVD.  
FT. MYERS, FL 33907 US

**FEI Number:** 03-0558316      **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:**

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

WEISMAN, GARY T  
8848 BLOOMFIELD BOULEVARD  
SARASOTA, FL 34238 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: GARY T. WEISMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: WEISMAN, GARY T  
Address: 8848 BLOOMFIELD BOULEVARD  
City-St-Zip: SARASOTA, FL 34238 US

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: GARY T. WEISMAN

MGRM

10/17/2006

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