

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000010336

FILED
Feb 06, 2009
Secretary of State

Entity Name: AERIAL ILLUMINATION SPECIALIST, LLC

Current Principal Place of Business:

16313 NE 2ND STREET
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 265
HAWTHORNE, FL 32640 US

New Mailing Address:

FEI Number: 20-2437976 **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:

TUCKER, MICHAEL
16313 NE 2ND STREET
GAINESVILLE, FL 32609 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: MICHAEL TUCKER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TUCKER, MICHAEL
Address: 16313 NE 2ND STREET
City-St-Zip: GAINESVILLE, FL 32609 US

Title: MGRM () Delete
Name: HUTCHINS, CHESTER W
Address: PO BOX 265
City-St-Zip: HAWTHORNE, FL 32640 US

ADDITIONS/CHANGES:

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

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: CHESTER HUTCHINS

M

02/06/2009

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