

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000023444

**FILED**  
**Feb 17, 2009**  
**Secretary of State**

**Entity Name:** HOME THEATER CONNECTIONS LLC

**Current Principal Place of Business:**

225 LAKEBREEZE CIRCLE  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

280 S RONALD REAGAN BLVD  
#103  
LONGWOOD, FL 32750 US

**Current Mailing Address:**

225 LAKEBREEZE CIRCLE  
LAKE MARY, FL 32746 US

**New Mailing Address:**

280 S RONALD REAGAN BLVD  
#103  
LONGWOOD, FL 32750 US

**FEI Number:** 20-2480246 **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:**

STOKES, MICHAEL S  
1805 FARRIS DRIVE  
ST. CLOUD, FL 34771 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:** MICHAEL SHANE STOKES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** GOLDTHWAITE, BRANDON J  
**Address:** 225 LAKEBREEZE CIRCLE  
**City-St-Zip:** LAKE MARY, FL 32746 US

**Title:** MGRM ( ) Delete  
**Name:** STOKES, MICHAEL S  
**Address:** 1805 FARRIS DRIVE  
**City-St-Zip:** ST. CLOUD, FL 34771 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:** BRANDON GOLDTHWAITE

BG

02/17/2009

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