

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000029022

FILED
Oct 05, 2006
Secretary of State

Entity Name: PRONTO INSULATION, LLC

Current Principal Place of Business:

10300 NW 53RD STREET
SUNRISE, FL 33351 US

New Principal Place of Business:

2110 NORTH OCEAN BLVD
5E
FORT LAUDERDALE, FL 33305 US

Current Mailing Address:

10300 NW 53RD STREET
SUNRISE, FL 33351 US

New Mailing Address:

5400 NEW HORIZONS BLVD
N AMITYVILLE, NY 11701 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MEYER, MICHELE M
10300 53RD STREET
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

MEYER, MICHELE M
5400 NEW HORIZONS BLVD
N AMITYVILLE, FL 11701 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: MICHELE MATURA MEYER

10/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEYER, MICHELE M
Address: 10300 NW 53RD STREET
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEYER, MICHELE M
Address: 5400 NEW HORIZONS BLVD
City-St-Zip: N AMITYVILLE, NY 11701 US

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: MICHELE MATURA MEYER

PRES

10/05/2006

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