

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000033765

**FILED**  
**Jan 25, 2007**  
**Secretary of State**

**Entity Name:** ACCURATE INSTALLATIONS LLC.

**Current Principal Place of Business:**

1859 TOWERING OAK DR.  
SARASOTA, FL 34232

**New Principal Place of Business:**

4163 PONEA DR.  
SARASOTA, FL 34241

**Current Mailing Address:**

1859 TOWERING OAK DR.  
SARASOTA, FL 34232

**New Mailing Address:**

4163 PONEA DR.  
SARASOTA, FL 34241

FEI Number: 86-1134024      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:**

LUNDQUIST, JUSTIN C  
1859 TOWERING OAK DR.  
SARASOTA, FL 34232      US

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

LUNDQUIST, JUSTIN C OWNER  
4163 PONEA DR.  
SARASOTA, FL 34241      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: JUSTIN LUNDQUIST

01/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: LUNQUIST, JUSTIN C OWNER  
Address: 4163 PONEA DR.  
City-St-Zip: SARASOTA, FL 34241

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: JUSTIN LUNDQUIST

MGR

01/25/2007

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