

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:19

DOCUMENT # L05000059568 1. Entity Name SPECIALTY CABLE CONTRACTORS LLC					
Principal Place of Business 183 E. PINE AVE. LONGWOOD, FL 32750			Mailing Address 183 E. PINE AVE. LONGWOOD, FL 32750		
2. Principal Place of Business 811 Wilma Ave Suite, Apt. #, etc.		3. Mailing Address 183 E. Pine Ave. Suite, Apt. #, etc.			
City & State Longwood FL Zip Country 32750 Seminole		City & State Longwood FL Zip Country 32750 Seminole		4. FEI Number 202999580 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				09192006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent GROVER, AMANDA 183 E. PINE AVE. LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name AMANDA GROVER Street Address (P.O. Box Number is Not Acceptable) 811 Wilma Ave City Longwood FL Zip Code 32750		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9-19-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMANDA, GROVER 183 E. PINE AVE. LONGWOOD, FL 32750 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100080095251 09/22/06--01040--005 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:			9-19-06 407 722-2498 <small>Date Daytime Phone #</small>		