

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000085069

Entity Name: N.P. MECHANICAL, LLC

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

15551 BAY VISTA DR  
CLERMONT, FL 34714

**New Principal Place of Business:**

**Current Mailing Address:**

15551 BAY VISTA DR  
CLERMONT, FL 34714

**New Mailing Address:**

FEI Number: 03-0463127      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:**

POLICELLA, NICHOLAS JR  
15551 BAY VISTA DR  
CLERMONT, FL 34714      US

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

POLICELLA, NICHOLAS M  
15551 BAY VISTA DR  
CLERMONT, FL 34714      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: NICHOLAS POLICELLA JR

10/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: POLICELLA, NICHOLAS  
Address: 15551 BAY VISTA DRIVE  
City-St-Zip: CLERMONT, FL 34714 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: NICHOLAS POLICELLA

M

10/05/2006

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