## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000103109

Entity Name: AMERICAN FIRE PREVENTION, LLC

FILED Oct 28, 2009 Secretary of State

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
	ELL CREEK DRIVE PRINGS, FL 32708 US			
Current Mailing Address:		New Maili	New Mailing Address:	
	ELL CREEK DRIVE PRINGS, FL 32708 US			
FEI Number: 20-4171830 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:  Name and Address of New Registered Agent:				
1166 HOW	EY, JOEL L P/QUAL ELL CREEK DRIVE PRINGS, FL 32708 US			
The above in the State	named entity submits this statement for the purper of Florida.	ose of changing i	ts registered office or registered agent, or both	
SIGNATUR	RE: SHANNON JANETTE HUMPHREY			
	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/0	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete HUMPHREY, JOEL L P/QUAL 1166 HOWELL CREEK DRIVE WINTER SPRINGS, FL 32708 US	Title: Name: Address: City-St-Zip:	MGR (X) Change ( ) Addition HUMPHREY, JOEL L PRES 1166 HOWELL CREEK DRIVE WINTER SPRINGS, FL 32708 US	
Title: Name: Address: City-St-Zip:	MGRM () Delete MCMANAMA-HUMPHREY, SHANNON J CFO 1166 HOWELL CREEK DRIVE WINTER SPRINGS, FL 32708	Title: Name: Address: City-St-Zip:	MGRM (X) Change ( ) Addition MCMANAMA-HUMPHREY, SHANNON J VP/CFO 1166 HOWELL CREEK DRIVE WINTER SPRINGS, FL 32708	
Title: Name: Address: City-St-Zip:	MR. (X) Delete CRESS, KARL R VP 1162 HOWELL CREEK DRIVE WINTER SPRINGS, FL 32708	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MR. (X) Delete MCMANAMA, ADAM D OPLEAD 1432 BIRD DRIVE	Title: Name: Address:	()Change ()Addition	

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.

City-St-Zip:

SIGNATURE: SHANNON JANETTE HUMPHREY

City-St-Zip: WINTER SPRINGS, FL 32708

VΡ

10/28/2009