# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**May 01, 2008**
**Secretary of State**

DOCUMENT# L05000113161

**Entity Name:** ALL PRO INSULATION, LLC

**Current Principal Place of Business:**

8343 AXSON STREET
JACKSONVILLE, FL 32221 US

**New Principal Place of Business:**

46613 SAULS RD
CALLAHAN, FL 32011 US

**Current Mailing Address:**

8343 AXSON STREET
JACKSONVILLE, FL 32221 US

**New Mailing Address:**

46613 SAULS RD
CALLAHAN, FL 32011 US

**FEI Number: 83-0454050** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:**

WRIGHT, JACK T III
8343 AXSON STREET
JACKSONVILLE, FL 32221 US

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

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: WRIGHT,JACK,T,III
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: WRIGHT, JACK T III
Address: 8343 AXSON STREET
City-St-Zip: JACKSONVILLE, FL 32221 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: WRIGHT, JACK T III
Address: 46613 SAULS RD
City-St-Zip: CALLAHAN, FL 32011 US

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.

SIGNATURE: WRIGHT,JACK,T,III MGR 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date