

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000116488

**FILED**  
**Oct 25, 2010**  
**Secretary of State**

**Entity Name:** SECKMAN FIRE SPRINKLERS, LLC

**Current Principal Place of Business:**

2412 AIRPORT ROAD  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

2412 AIRPORT ROAD  
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number:** 20-3895410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORMAN, CHRISTOPHER H  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 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:** CHRISTOPHER H. NORMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** SECKMAN, THOMAS H  
**Address:** 11614 MONETTE RD  
**City-St-Zip:** RIVERVIEW, FL 33569

**Title:** V  
**Name:** SMITH, SHAN  
**Address:** 38802 CENTENNIAL RD  
**City-St-Zip:** DADE CITY, FL 33525

**Title:** ST  
**Name:** SECKMAN, MARTHA J  
**Address:** 11614 MONETTE RD  
**City-St-Zip:** RIVERVIEW, FL 33569

I hereby 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:** THOMAS H. SECKMAN

P

10/25/2010

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