

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000017390

**FILED**  
**Oct 25, 2011**  
**Secretary of State**

**Entity Name:** AMAZEDAFIND LEAK DETECTION, LLC

**Current Principal Place of Business:**

1424 DOUGLAS AVE.  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 96  
DUNEDIN, FL 34697

**New Mailing Address:**

**FEI Number:** 20-4339287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 US

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

SIMON, MICHAEL I MANAGER  
1424 DOUGLAS AVE  
DUNEDIN, FL 34698 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: MICHAEL I. SIMON

10/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SIMON, MICHAEL I  
Address: 1424 DOUGLAS AVE.  
City-St-Zip: DUNEDIN, FL 34698

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: MICHAEL I. SIMON

MGR

10/25/2011

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