

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000025285

**FILED**  
**Dec 05, 2007**  
**Secretary of State**

**Entity Name:** SOUTHWEST SHEETMETAL, L.L.C.

**Current Principal Place of Business:**

2400 FEATHERSOUND DR. #624  
CLEARWATER, FL 33762

**New Principal Place of Business:**

13855 LAKEPOINT DRIVE  
CLEARWATER, FL 33762

**Current Mailing Address:**

2400 FEATHERSOUND DR. #624  
CLEARWATER, FL 33762

**New Mailing Address:**

13855 LAKEPOINT DRIVE  
CLEARWATER, FL 33762

FEI Number: 04-3844916      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:**

FREY, CHRISTOPHER J  
2400 FEATHERSOUND DR. #624  
CLEARWATER, FL 33762      US

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

BALLER, PAMELA S  
13855 LAKEPOINT DRIVE  
CLEARWATER, FL 33762      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: PAMELA S BALLER

12/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: BALLER, PAMELA S  
Address: 13855 LAKEPOINT DRIVE  
City-St-Zip: CLEARWATER, FL 33762

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: PAMELA S BALLER

PRES

12/05/2007

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