

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000056660

**FILED  
Oct 07, 2009  
Secretary of State**

**Entity Name:** ALLTECH DISTRIBUTED SYSTEMS LLC

**Current Principal Place of Business:**

6488 TERRA ROSA CIRCLE  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

6488 TERRA ROSA CIRCLE  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

FEI Number: 65-1282897      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:**

KANE, JEFFREY  
6488 TERRA ROSA CIRCLE  
BOYNTON BEACH, FL 33437 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: JEFFREY D. KANE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KANE, JEFFREY D  
Address: 6488 TERRA ROSA CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: KANE, DONNA L  
Address: 6488 TERRA ROSA CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEFFREY D. KANE

MGRM

10/07/2009

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