


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000071603					
1. Entity Name NO SWEAT AIR CONDITIONING LLC					
Principal Place of Business 7001 SIMON'S ROAD ZEPHYRHILLS, FL 33541			Mailing Address 7001 SIMON'S ROAD ZEPHYRHILLS, FL 33541		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <u>16-1766288</u>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
6. Name and Address of Current Registered Agent VOORHEES, THOMAS H 7001 SIMON'S ROAD ZEPHYRHILLS, FL 33541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Thomas H Voorhees</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>7-31-08</u>	
-FILE NOW!!! FEE IS \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOORHEES, THOMAS 7001 SIMON'S ROAD ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500133997415 08/05/08--01027--006 **377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOORHEES, CORAL 7001 SIMON'S ROAD ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Thomas H Voorhees</u>				Date <u>7-31-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <u>727 459-3368</u>	

2008 AUG -5 PM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06242008 REIN-LLC CR2E101 (1/07)

4. FEI Number 16-1766288 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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