2007 LIMITED LIABILITY COMPANY REINSTATEMENT

MATURE AND TYPED OR PRINTED NAME OF SI

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L06000091058** 1. Entity Name SEASIDE AIR CONDITIONING AND HEATING LLC. 07 OCT 23 PM 2: 09 Principal Place of Business Mailing Address 7807 SEVILLE COURT 7807 SEVILLE COURT BRADENTON, FL 34209 BRADENTON, FL 34209 2. Pancipal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10182007 **REIN-LLC** CR2E101 (1/07) City & State City & State 4. FEI Number Applied For <u> 56-2623398</u> Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEWITT, CHRISTOPHER R Street Address (P.O. Box Number is Not Acceptable) 7807 SEVILLE COURT BRADENTON, FL 34209 City Zip Code Fl 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 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOWIII FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Change TITLE ☐ Addition □ Delete DEWITT, CHRISTOPHER R NAME NAME 7807 seville Circle 7807 SEVILLE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME 900111212 10/23/07--01049--017 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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. 941 - 761 - 3000 SIGNATURE

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #