

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000107230

FILED
Oct 31, 2008
Secretary of State

Entity Name: ELECTRONIC PROTECTION SYSTEMS LLC

Current Principal Place of Business:

5152 BOGGY CREEK ROAD
SUITE C-4
ST. CLOUD, FL 34771 US

New Principal Place of Business:

4113 NEPTUNE ROAD
ST. CLOUD, FL 34769 US

Current Mailing Address:

5152 BOGGY CREEK ROAD
SUITE C-4
ST. CLOUD, FL 34771 US

New Mailing Address:

FEI Number: 20-5832143 **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:

Name and Address of New Registered Agent:

STONE, WILLIAM J
5152 BOGGY CREEK ROAD
SUITE C-4
ST. CLOUD, FL 34771 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: WILLIAM J. STONE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STONE, WILLIAM J
Address: 5152 BOGGY CREEK ROAD, SUITE C-4
City-St-Zip: ST. CLOUD, FL 34771 US

Title: MGR () Delete
Name: GIRARD, COLBY J
Address: 5152 BOGGY CREEK ROAD, SUITE C-4
City-St-Zip: ST. CLOUD, FL 34771 US

ADDITIONS/CHANGES:

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

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: WILLIAM J. STONE

MGR

10/31/2008

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