

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000120417

Entity Name: ADVANCED WIRING, LLC

FILED
Dec 04, 2009
Secretary of State

Current Principal Place of Business:

7520 HOLLOWELL DRIVE
TAMPA, FL 33615

New Principal Place of Business:

1910 SUMMIT OAK CIR
MINNEOLA, FL 34715

Current Mailing Address:

1910 SUMMIT OAK CIRCLE
CLEMONT, FL 34715

New Mailing Address:

1910 SUMMIT OAK CIR
MINNEOLA, FL 34715

FEI Number: 32-0240407 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:

LACONTE, CHRISTOPHER
1910 SUMMIT OAK CIRCLE
CLERMONT, FL 34715 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: CHRISTOPHER LACONTE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LACONTE, CHRISTOPHER
Address: 1910 SUMMIT OAK CIRCLE
City-St-Zip: CLEMONT, FL 34715

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LACONTE, CHRISTOPHER J
Address: 1910 SUMMIT OAK CIRCLE
City-St-Zip: CLEMONT, FL 34715

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: CHRISTOPHER LACONTE

MR

12/04/2009

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