

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000018750

Entity Name: A/C SOLUTION, LLC

FILED
Nov 13, 2008
Secretary of State

Current Principal Place of Business:

6411 AMUNSTON STREET
TAMPA, FL 33634 US

New Principal Place of Business:

17120 GOLF VISTA COURT
TAMPA, FL 33556 US

Current Mailing Address:

6411 AMUNSTON STREET
TAMPA, FL 33634 US

New Mailing Address:

17120 GOLF VISTA COURT
TAMPA, FL 33556 US

FEI Number: 20-8467515 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:

O'BARR, EMMETT L
17120 GOLF VISTA COURT
ODESSA, FL 33556 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: EMMETT O'BARR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'BARR, EMMETT L
Address: 17120 GOLF VISTA COURT
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM () Delete
Name: HERNANDEZ, RAMON A
Address: 6411 AMUNSTON STREET
City-St-Zip: TAMPA, FL 33523 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HERNANDEZ, RAMON A
Address: 8413 N. GRADY AV
City-St-Zip: TAMPA, FL 33614 US

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: EMMETT O'BARR

MGR.

11/13/2008

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