

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 27, 2008  
Secretary of State**

DOCUMENT# L07000018785

**Entity Name:** A1A HEATING AND AIR CONDITIONING LLC

**Current Principal Place of Business:**

7007 THISTLEBROOK LANE  
BROOKSVILLE, FL 34602

**New Principal Place of Business:**

**Current Mailing Address:**

7007 THISTLEBROOK LANE  
BROOKSVILLE, FL 34602

**New Mailing Address:**

**FEI Number:** 20-8466842      **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:**

GARY, MICHELLE  
7007 THISTLEBROOK LANE  
BROOKSVILLE, FL 34602    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: MICHELLE L GARY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGRM      ( ) Delete  
Name:           GARY, MICHELLE  
Address:        7007 THISTLEBROOK LANE  
City-St-Zip:    OLDSMAR, FL 34602

**ADDITIONS/CHANGES:**

Title:            MGRM      (X) Change ( ) Addition  
Name:           GARY, MICHELLE  
Address:        7007 THISTLEBROOK LANE  
City-St-Zip:    BROOKSVILLE, FL 34602

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: MICHELLE L GARY

MGR

10/27/2008

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