

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000018871

FILED
Oct 25, 2008
Secretary of State

Entity Name: ANDERSEN LOCKSMITH LLC

Current Principal Place of Business:

121 YUCATAN DRIVE
PALM SPRINGS, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

121 YUCATAN DRIVE
PALM SPRINGS, FL 33461 US

New Mailing Address:

FEI Number: 32-0194618 **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ANDERSEN, JENNIFER L MANAGER
121 YUCATAN DRIVE
PALM SPRINGS, FL 33461 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: JENNIFER L. ANDERSEN

10/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSEN, MARGARET J
Address: 155 LAKE ARBOR DRIVE
City-St-Zip: PALM SPRINGS, FL 33461 US

Title: MGRM () Delete
Name: ANDERSEN, JENNIFER L
Address: 121 YUCATAN DRIVE
City-St-Zip: PALM SPRINGS, FL 33461 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: JENNIFER L. ANDERSEN

MGR

10/25/2008

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