

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000026756

**FILED**  
**Nov 24, 2009**  
**Secretary of State**

**Entity Name:** MALLEY'S ELECTRICAL SERVICE " LLC"

**Current Principal Place of Business:**

2085 S BASCOMBE AVE  
HOMOSASSA, FL 34448 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1046  
HOMOSASSA SPRINGS, FL 34447 US

**New Mailing Address:**

**FEI Number:** 45-0558244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALLEY, ROBERT T N.A  
2085 S BASCOMBE AVE  
HOMOSASSA, FL 34448 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:** ROBERT MALLEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MALLEY, ROBERT T N.A  
**Address:** 2085 S BASCOMBE AVE  
**City-St-Zip:** HOMOSASSA, FL 34448 US

**Title:** MGRM ( ) Delete  
**Name:** JORDAN, MELVIN M  
**Address:** 2909 N. FOREST RIDGE BLVD. #114  
**City-St-Zip:** HERNANDO, FL 34442

**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:** ROBERT MALLEY

MGRM

11/24/2009

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