

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Nov 06, 2008
Secretary of State**

DOCUMENT# L07000058042

Entity Name: ALL CABLING SECURITY & FIRE LLC

Current Principal Place of Business:

2532 PEMBERTON DR
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2532 PEMBERTON DR
APOPKA, FL 32703

New Mailing Address:

FEI Number: 41-2241480 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:

HARRISON, JODI L
2532 PEMBERTON DR
APOPKA, FL FL 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: JODI HARRISON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARRISON, JODI L
Address: 626 USTLER RD
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: BENGTON, TODD A
Address: 1444 STORMWAY COURT
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: BROWN, DAVE M
Address: 23 ORANGEWOOD COURT
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

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

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: JODI HARRISON

MGRM

11/06/2008

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