

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000064177

1. Entity Name
A ADVANTAGE SAFE & LOCK FLORIDA, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 16 AM 10:49

Principal Place of Business
8787 SOUTHSIDE BLVD., #5303
JACKSONVILLE, FL 32256

Mailing Address
8787 SOUTHSIDE BLVD., #5303
JACKSONVILLE, FL 32256



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
6001 ARGYLE FOREST BLVD, STE 21

Suite, Apt. #, etc.

Suite, Apt. #, etc.
PMB 311

12042008 REIN-LLC CR2E101 (1/07)

City & State

City & State
JACKSONVILLE, FLORIDA

4. FEI Number
32-0210930

Applied For
Not Applicable

Zip

Country

Zip

Country

32244-6127

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DEDOMINICIS, ADRIAN
STREET ADDRESS 2618 KNOLLBROOK LANE
CITY-ST-ZIP SPRING, TX 77373

TITLE ☐ Change ☐ Addition
NAME 600138977436
STREET ADDRESS 12/12/08--01006--024
CITY-ST-ZIP **243.75

TITLE MGRM ☐ Delete
NAME DEDOMINICIS, MEREDITH
STREET ADDRESS 2618 KNOLLBROOK LANE
CITY-ST-ZIP SPRING, TX 77373

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME REINSTATEMENT
STREET ADDRESS 2008
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #