

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000094997

**FILED**  
**Nov 20, 2008**  
**Secretary of State**

**Entity Name:** BRIDGES CUSTOM INSTALLATION LLC

**Current Principal Place of Business:**

225 S CRYSTAL DR  
SANFORD, FL 32773

**New Principal Place of Business:**

316 RUTH BLVD  
LONGWOOD, FL 32750

**Current Mailing Address:**

225 S CRYSTAL DR  
SANFORD, FL 32773

**New Mailing Address:**

316 RUTH BLVD  
LONGWOOD, FL 32750

FEI Number: 26-1120944      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:**

BRIDGES, KEITH  
225 S CRYSTAL DR  
SANFORD, FL 32773      US

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

BRIDGES, KEITH  
316 RUTH BLVD  
LONGWOOD, FL 32750      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: KEITH BRIDGES

11/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BRIDGES, KEITH  
Address: 225 S CRYSTAL DR  
City-St-Zip: SANFORD, FL 32773

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: BRIDGES, KEITH  
Address: 316 RUTH BLVD  
City-St-Zip: LONGWOOD, FL 32750

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: KEITH BRIDGES

MGRM

11/20/2008

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