

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000118971

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** CNM AIR CONDITIONING AND APPLIANCE SERVICE, LLC

**Current Principal Place of Business:**

1301 SW 253RD TERRACE  
NEWBERRY, FL 32669 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1196  
NEWBERRY, FL 32669 US

**New Mailing Address:**

**FEI Number:** 75-3261625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOUNG, ALBERT B  
1301 SW 253RD TERRACE  
NEWBERRY, FL 32669 US

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

MAXWELL, CASEY N  
1301 SW 253RD TERRACE  
NEWBERRY, FL 32669 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: CASEY N MAXWELL

03/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MAXWELL, CASEY N  
Address: 1301 SW 253RD TERRACE  
City-St-Zip: NEWBERRY, FL 32669 US

Title: MGR  
Name: MAXWELL, CASEY N  
Address: PO BOX 1196  
City-St-Zip: NEWBERRY, FL 32669

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Name: MAXWELL, CASEY N  
Address: PO BOX 1196  
City-St-Zip: NEWBERRY, FL 32669

I hereby 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: CASEY N MAXWELL

MGR.

03/24/2010

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