


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000119683	
1. Entity Name EMBLEM REPRESENTATIVE LLC	

Principal Place of Business 6400 CONGRESS AVE STE 1050 BOCA RATON, FL 33487	Mailing Address 6400 CONGRESS AVE STE 1050 BOCA RATON, FL 33487
--	--

2. Principal Place of Business - No P.O. Box # 215 West Alexander Palm Road	3. Mailing Address 215 West Alexander Palm Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33432	Country USA
Zip 33432	Country FL

FILED

2009 MAY 12 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05062009 REIN-LLC CR2E101 (1/07)

4. FEI Number 26-1495709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ANGELL CORPORATE SERVICES, INC. 1 N CLEMATIS ST STE 400 W PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name: Michael McNeal Street Address (P.O. Box Number is Not Acceptable): 215 West Alexander Palm Road City: Boca Raton FL Zip Code: 33432
--	---

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: Michael A. McNeal Manager DATE: 5/7/2009

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
------------------------------------	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael McNeal Manager 215 West Alexander Palm Road Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Scott Adams 350 Camino Gardens Blvd, Suite 102 Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager John Bobek C Johnson Controls, Inc.) 507 E. Michigan St., M98 Milwaukee, WI 53201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700155763517 05/11/09--01033--018 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael A. McNeal Michael A. McNeal 5/7/2009 391-8052

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

Date

Daytime Phone #