

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000008745

Entity Name: O F INSTALLATIONS LLC

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

40 MILLIE DR  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

700 EAST UNION ST  
BOX 7, D-1  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

40 MILLIE DR  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

700 EAST UNION ST  
BOX 7, D-1  
JACKSONVILLE, FL 32206

FEI Number: 26-4135466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HELMS, MICHAEL  
40 MILLIE DRIVE  
JACKSONVILLE BEACH, FL 32250 US

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

HELMS, MICHAEL  
700 EAST UNION ST  
BOX 7, D-1  
JACKSONVILLE, FL 32206 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: MICHAEL HELMS

03/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HELMS, MICHAEL  
Address: 700 EAST UNION ST BOX 7, D-1  
City-St-Zip: JACKSONVILLE, FL 32206

Title: MGR  
Name: LEVINE, NICHOLAS  
Address: 700 EAST UNION ST BOX 7, D-1  
City-St-Zip: JACKSONVILLE, FL 32206

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: MICHAEL HELMS

MGR

03/24/2011

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