

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000109662

FILED
Oct 09, 2013
Secretary of State

Entity Name: ECLIPTIC INSTALL SOLUTIONS LLC

Current Principal Place of Business:

482 SPRINGWOOD CT
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

482 SPRINGWOOD CT
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COHEN, JOE
482 SPRINGWOOD CT
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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: JOE COHEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HAGER, JAESON
Address: 420 SUMMIT RIDGE PLACE
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM
Name: COHEN, JOSEPH
Address: 482 SPRINGWOOD CT
City-St-Zip: LONGWOOD, FL 32750 US

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: JOE COHEN

MGMR

10/09/2013

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