

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000060739

**FILED**  
**Nov 08, 2013**  
**Secretary of State**

**Entity Name:** AIR PRO MECHANICAL OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

1008 COUNTY ROAD 217  
MAXVILLE, FL 32234

**New Principal Place of Business:**

**Current Mailing Address:**

1008 COUNTY ROAD 217  
MAXVILLE, FL 32234

**New Mailing Address:**

**FEI Number:** 45-2440497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HICKMAN, MICHAEL S  
1008 COUNTY ROAD 217  
MAXVILLE, FL 32234 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:** SEAN HICKMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HICKMAN, MICHAEL S  
**Address:** 1008 COUNTY ROAD 217  
**City-St-Zip:** MAXVILLE, FL 32234

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:** SEAN HICKMAN

MGR

11/08/2013

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