

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000158322

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Entity Name:** AUDIO VISUAL SYSTEM INTEGRATORS LLC

**Current Principal Place of Business:**

6511 NOVA DRIVE, SUITE 224  
DAVIE, FL 33317

**New Principal Place of Business:**

6511 NOVA DRIVE, SUITE 224  
SUITE 224  
DAVIE, FL 33317

**Current Mailing Address:**

6511 NOVA DRIVE, SUITE 224  
DAVIE, FL 33317

**New Mailing Address:**

6511 NOVA DRIVE, SUITE 224  
SUITE 224  
DAVIE, FL 33317

**FEI Number:** 46-1599700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JUSTIN, WALLACE  
2112 SW 71 WAY  
DAVIE, FL 33317 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:** JUSTIN WALLACE

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** WALLACE, JUSTIN  
**Address:** 2112 SW 71 WAY  
**City-St-Zip:** DAVIE, FL 33317

**Title:** MGR  
**Name:** MOHAMED, AMEN  
**Address:** 2112 SW 71 WAY  
**City-St-Zip:** DAVIE, FL 33317

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** JUSTIN WALLACE

MGR

10/06/2014

Electronic Signature of Authorized Person

Date