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## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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TO:

Division of Corporations Fax Number : (850)617-6383

From: .

Account Name : AFI PROCESSING Account Number : 120110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

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		OF		
	Electric &	Design LLC		
	(Name of the Limited Liability Com (A Florida Limite	pany as It now appears d Lability Company)	on our records,)	<u> </u>
			03/19/2015	
-	n for this Limited Liability Compa	ny were filed on	03/19/2015	and assigned
Florida document number _	L15000050096	•		
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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## 03/24/2015 15:22 API Processing 9545673401 NO.355 #003 HISOCOTTERS 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

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03/24/2015 15:22 API Processing 8545673401 NO.355 #004 Page 4064 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 11500073480 - 3 E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional (The effective date must be specific, connot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) (optional) Dated 212 Signature of a member or authorized representative of a member bala 250 Page 3 of 3 Filing Fee: \$25.00 2015 MAR 24 AM  $\bigcirc$ ڢ β

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