

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 DEC 10 PM 3:00

DOCUMENT # M07000004457

1. Entity Name  
MCGINN, SMITH ALARM TRADING, LLC



Principal Place of Business  
1 CAPITAL CENTER  
99 PINE STREET  
ALBANY, NY 12207

Mailing Address  
1 CAPITAL CENTER  
99 PINE STREET  
ALBANY, NY 12207

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11242010 REIN-LLC

CR2E101 (1/07)

City & State

City & State

4. FEI Number  
14-1999022

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UCC FILING & SEARCH SERVICES, INC.  
1574 VILLAGE SQUARE BLVD.  
STE. 100  
TALLAHASSEE, FL 32309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ed Hand*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/6/10

DATE

CR2E

FILE NOW!!! FEE IS \$236.75  
After January 1, 2011, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SHEA, BRIAN E  
1 CAPITAL CENTER - 99 PINE STREET  
ALBANY, NY 12207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE:

*Ed Hand* - VP

12/6/10

518-860-1290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 2010

Hampton DEC 13 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 DEC 10 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 24, 2010

MGINN, SMITH ALARM TRADING, LLC  
99 PINE ST  
3RD FLOOR  
ALBANY, NY 12207

SUBJECT: MGINN, SMITH ALARM TRADING, LLC  
Ref. Number: M07000004457

We have received your document for MGINN, SMITH ALARM TRADING, LLC and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 110A00027586