# I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE STEPHENS

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: STEPHENS MECHANICAL, LLC Current Principal Place of Business:

925 TOMMY MUNRO DR SUITE B BILOXI, MS 39532

DOCUMENT# M14000005439

## **Current Mailing Address:**

925 TOMMY MUNRO DR SUITE B BILOXI, MS 39532

## FEI Number: 46-5531150

### Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

TitleMGRMNameSTEPHENS, LAWRENCEAddress925 TOMMY MUNRO DR SUITE BCity-State-Zip:BILOXI MS 39532

2015 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Certificate of Status Desired: No

Date

FILED

Apr 20, 2015

Secretary of State CC2076526820

04/20/2015

PRESIDENT

ENT