

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 07, 2007
Secretary of State**

DOCUMENT# L06000001094

Entity Name: 5 A'S COMMERCIAL CLEANUP L.L.C.

Current Principal Place of Business:

519 ADAMS AVE. W
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

519 ADAMS AVE. W
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 59-3830119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVIAR, ALIDIA
519 ADAMS AVE. W
IMMOKALEE, FL 34142 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: ALIDIA ALVIAR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALVIAR, FIDEL JR.
Address: 519 ADAMS AVE. W
City-St-Zip: IMMOKALEE, FL 34142

Title: MGRM () Delete
Name: ALVIAR, ALIDIA
Address: 519 ADAMS AVE. W
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALIDIA ALVIAR

MGRM

10/07/2007

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