## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L08000059899

WESSINGER, TRISH

TAMPA, FL 33613 US

14535 BRUCE B DOWNS BLVD - # 2236

Name:

Address:

City-St-Zip:

Entity Name: ADF PROPERTY SERVICES, L.L.C.

FILED Nov 02, 2009 Secretary of State

Current Pr	incipal Place of Business:	New Principal Place	of Business:
16118 DAV TAMPA, FL	VNVIEW DRIVE - 33624 US		
Current Mailing Address:		New Mailing Address:	
16118 DAV TAMPA, FL	VNVIEW DRIVE - 33624 US		
FEI Number: 26-2853549 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  Name and Address of New Registered Agent:  Name and Address of New Registered Agent:			
FENNO, LI 16118 DAV TAMPA, FL	VNVIEW DRIVE		
The above in the State	named entity submits this statement for the purpose of Florida.	of changing its registere	d office or registered agent, or both
SIGNATUR	RE: LISA D. FENNO		
	Electronic Signature of Registered Agent		Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete FENNO, LISA D 16118 DAWNVIEW DRIVE TAMPA, FL 33624 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete ALLGIRE, MICHAEL 1110W. PLYMOUTH ST. TAMPA, FL 33603 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete DEL GAIZO, GENE 58 N. CHURCH AVE. #237 TAMPA, FL 33614 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LISA D. FENNO MGRM 11/02/2009