

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000108895

FILED
Dec 06, 2007
Secretary of State

Entity Name: SERVICES ON THE GO, LLC

Current Principal Place of Business:

1961 SW CERTOSA RD
PORT ST LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

1961 SW CERTOSA RD
PORT ST LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 20-2589681 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 Current Registered Agent:

Name and Address of New Registered Agent:

CRUZ, ELBA N
1961 SW CERTOSA RD
PORT ST LUCIE, FL 34953 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: ELBA N CRUZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRUZ, ELBA N
Address: 1961 SW CERTOSA RD
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: MGRM () Delete
Name: CRUZ, ARNALDO
Address: 1961 SW CERTOSA RD
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: CASWELL, ANGELA
Address: 1961 SW CERTOSA RD
City-St-Zip: PORT ST LUCIE, FL 34953

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: ELBA N CRUZ

MGRM

12/06/2007

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