

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 16, 2009
Secretary of State**

DOCUMENT# L08000029803

Entity Name: NSB CLEANING SERVICES, LLC

Current Principal Place of Business:

911 LOCUST STREET
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 914
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

FEI Number: 80-0338041 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:

WALMER, ALICIA B
911 LOCUST STREET
NEW SMYRNA BEACH, FL 32169 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: ALICIA WALMER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: WALMER, ALICIA B
Address: 911 LOCUST STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM (X) Change () Addition
Name: WALMER, ALICIA B
Address: 911 LOCUST STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGR () Delete
Name: FLANDERS, DANIEL
Address: 911 LOCUST STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM (X) Change () Addition
Name: FLANDERS, DANIEL
Address: 911 LOCUST STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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: ALICIA WALMER

MGRM

10/16/2009

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