

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000119230

**FILED**  
**Aug 14, 2014**  
**Secretary of State**

**Entity Name:** CONTACT SERVICES OF CANTONMENT, LLC

**Current Principal Place of Business:**

421 WILLIAMS DITCH RD  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

421 WILLIAMS DITCH RD  
CANTONMENT, FL 32533

**New Mailing Address:**

**FEI Number:** 45-4974591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HICKEY, RAYMOND G  
913 GULF BREEZE PKWY  
SUITE 5  
GULF BREEZE, FL 32561 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:** RAYMOND G. HICKEY

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** SANDERS, DAVY  
**Address:** 421 WILLIAMS DITCH RD  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** MGR  
**Name:** SANDERS, LAMAR  
**Address:** 421 WILLIAMS DITCH RD  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** MGR  
**Name:** SIMPSON, ROBERT  
**Address:** 421 WILLIAMS DITCH RD  
**City-St-Zip:** CANTONMENT, FL 32533

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** DAVY SANDERS

MGRM

08/14/2014

Electronic Signature of Authorized Person

Date