

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000012056

Entity Name: ABILITY-SERVICE, L.L.C.

FILED
Oct 05, 2006
Secretary of State

Current Principal Place of Business:

5267 STRATFORD CT.
CAPE CORAL, FL 33904

New Principal Place of Business:

7181 COLLEGE PKWY
28
FORT MYERS, FL 33907

Current Mailing Address:

5267 STRATFORD CT.
CAPE CORAL, FL 33904

New Mailing Address:

7181 COLLEGE PKWY
28
FORT MYERS, FL 33904

FEI Number: 52-2277403 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:

RIEBER, ARNE
5267 STRATFORD CT.
CAPE CORAL, FL 33904 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: RALF ROSENTERETER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: ARNE OLAF RIEBER,
Address: 5267 STRATFORD CT.
City-St-Zip: CAPE CORAL, FL 33904

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

Title: MGRM () Delete
Name: RALF JUERGEN ROSENTER, ETER
Address: 7867 GO CANES WAY
City-St-Zip: FT MYERS, FL 33912

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RALF JUERGEN ROSENTERETER

MGRM

10/05/2006

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