

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000002777

FILED
Oct 09, 2009
Secretary of State

Entity Name: DEAN MEAD SERVICES, LLC

Current Principal Place of Business:

800 NORTH MAGNOLIA AVE.
SUITE 1500
ORLANDO, FL 328033276

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2346
ORLANDO, FL 328022346

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

BLOODWORTH, DARRYL M
800 NORTH MAGNOLIA AVE.
SUITE 1500
ORLANDO, FL 328033276 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: DARRYL M. BLOODWORTH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: DEAN, MEAD, EGERTON, BLOODWORTH,
Address: 800 N. MAGNOLIA AVE., SUITE 1500
City-St-Zip: ORLANDO, FL 32803

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

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: DARRYL M. BLOODWORTH

MGRM

10/09/2009

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