

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 SEP 25 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L02000006813

1. Limited Liability Company's Name

Environmental Services, LLC

2. Principal Office Address - No P.O. Box #

407 Hearthstone Way

Suite Apt. #, etc.

3. Mailing Office Address

PO Box 1109

Suite, Apt. #, etc.

City & State

Woodstock, GA

City & State

Woodstock, GA

Zip

30189

Country

USA

Zip

30188

Country

USA

8. Name and Address of Current Registered Agent

Name

Your Capital Connection, INC

Street Address (P.O. Box Number is Not Acceptable) Suite,

417 E Virginia ST, Ste 1

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Seth Nealey for Your Capital Connection, Inc.
Date 9/25/19

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|------------|--|---|----------------------------|
| <u>Mgr</u> | <u>Michael S. Bradford</u> | <u>407 Hearthstone Way</u> | <u>Woodstock, GA 30189</u> |
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REINSTATEMENT

2008-2019

11. E-mail Address Michael Bradford @ comcast. Net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Michael Bradford

Date

9/23/19

Daytime Phone #

770-862-8002

Typed or printed name of signing authorized representative/member