PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	COMPANY ISTATEMENT		DEPARTMEN Secretary of St	ate		FILE	ED
DOCUMENT # L02000017982					2000 JUN 12 P 4: 15		
1. Limited Liability Company's Name Service Concepts, LLC					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
0011100 001100pto, EE0						MENTINGER	
2. Principal Office Address - No P.O. Box # 3. Malling Office Address POBGY 776					CR2E041 (12/07)		
			etc.		4. State/Country of Formation		
Suite, Apt. #, etc. Suite, Apt. #,					Florida / USA		
					5. Date Organized or Qualified To Do Business in Florida 07/16/2002		
City & State City & State Melrose, FL 32666 Melrose			Keystone FL 32660	reights, FL	- 6. FEI Numbe		Applied For Not Applicable
Zip 32666	Country USA	Zip 321	STAL USA	ry	7	\$5.00	Additional Fee required a Certificate of Status
32000			/ // 🚨			107	. Certificate of Status
8. Name and Address of Current Registered Agent Name					reinstatement fee is im	nosed excent	
Gladys Lynn Haddock				A \$100 reinstatement fee is imposed, except in circumstances which the entity did not			
Street Address (P.O. Box Number is Not Acceptable) 894 SE County Road 21B					receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. #, Etc.					not received and requesting the \$100		
City State Zip Code					reinstatement be waived.		
Melrose FL 32666							
9. 1, being Signature o Registered		Hadlor	d liability company, a	am familiar with and a	accept the obligati	ons of Chapter 608, F.S. Date <u>5/23/08</u>	
Signature of Registered	of All .	Hacker REGISTERED AG	SENT MUST SIGN	am familiar with and a	accept the obligati	ons of Chapter 608, F.S. Date <u>5/23/08</u>	
Signature of Registered 10. Name	of Agent Mady Lynn	REGISTERED AG	SENT MUST SIGN	em familiar with and a reet Address of Each aging Member/Mana		Ons of Chapter 608, F.S. Date	/ Zip
Signature of Registered	of Agent Managing Name of	REGISTERED AG	SENT MUST SIGN	reet Address of Each aging Member/Mana		Date <u>5/23/08</u>	/ Zip
Signature of Registered 10. Name	des and Street Addresses of Managing Managing Members/Man	REGISTERED AG	ENT MUST SIGN St Mans	reet Address of Each aging Member/Mana		Date <u>5/23/08</u>	/ Zip
Signature of Registered 10. Name	des and Street Addresses of Managing Managing Members/Man	REGISTERED AG	ENT MUST SIGN St Mans	reet Address of Each aging Member/Mana	ger	Date <u>5/23/08</u>	335
Signature of Registered 10. Name	des and Street Addresses of Managing Managing Members/Man	REGISTERED AG	ENT MUST SIGN St Mans	reet Address of Each aging Member/Mana	ger	City / State /	335
Signature of Registered 10. Name	des and Street Addresses of Managing Managing Members/Man	REGISTERED AG	ENT MUST SIGN St Mans	reet Address of Each aging Member/Mana	ger	City / State /	335
Signature of Registered 10. Name Titles MS LM 2006 11. I certifiling all fee	ies and Street Addresses of Managing Managing Members/Man Gladys Lynn Haddock Ify that I am managing member/manage this reinstatement application the reasons one word by the limited liability company in	REGISTERED AG Members/Managers agers or or the receiver or for dissolution has	St Mans 894 SE Coun	reet Address of Each aging Member/ Managing Nember/ Managing Road 21B	ger 05/2 cation as provide any name satisfie	City / State / Melrose, FL 32666 9/0801022014	995 **698.75
Signature of Registered 10. Name Titles MG M Proc. 11. I certifling tall fee as if r	ies and Street Addresses of Managing Managing Members/Man Gladys Lynn Haddock Ify that I am managing member/manage this reinstatement application the reason as owed by the limited liability company in made under oath.	REGISTERED AG Members/Managers agers or or the receiver or for dissolution has	St Mans 894 SE Coun trustee empowered been eliminated, the enformation indicate	reet Address of Each aging Member/ Managing Member/ Managing Road 21B	ger 05/2 location as provide any name satisfies is true and accura	City / State / Melrose, FL 32666 9/0801022014	##698.75 **698.75 er certify that when 8.406, F.S., and that the same legal effect
10. Name of Registered 10. Name of Titles 11. I certifiling tall fee as if residence of Managing of the Registered of Registered of the	ity that I am managing member/manage this reinstatement application the reason as owed by the limited liability company in made under oath.	REGISTERED AG Rembers/Managers agers agers or or the receiver or for dissolution has lave been paid. The	St Mans 894 SE Coun trustee empowered been eliminated, the enformation indicate	reet Address of Each aging Member/ Manager Member/ Manager Member/ Manager Member/ Manager Member/ Member M	ger 05/2 location as provide any name satisfies is true and accura	City / State / Melrose, FL 32666 9/0801022014 d for in chapter 608, F.S. I furthe the requirements of section 608 te, and my signature shall have to	##698.75 **698.75 er certify that when 8.406, F.S., and that the same legal effect
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Signature of Registered 10. Name Titles MS AM Pres. 11. I certifiling to all fee al	in Agent Managing Managing Managing Managing Members Memb	REGISTERED AG Rembers/Managers agers agers or or the receiver or for dissolution has lave been paid. The	894 SE Countries of trustee empowered been eliminated, the information indicate addys Lynn Har	reet Address of Each gling Member/ Mana, try Road 21B	ger 05/2 cation as provide any name satisfier is true and accura	City / State / Melrose, FL 32666 9/0801022014 d for in chapter 608, F.S. I furthe the requirements of section 608 te, and my signature shall have to	**698.75 **698.75 er certify that when 8.406.F.S., and that the same legal effect