

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000022659

Entity Name: MK SERVICES, LLC

FILED
Oct 09, 2007
Secretary of State

Current Principal Place of Business:

670 N. ORLANDO AVE
SUITE 100
MAITLAND, FL 32751 US

New Principal Place of Business:

5595 SCHENCK AVENUE
UNIT 9
ROCKLEDGE, FL 32955 US

Current Mailing Address:

POST OFFICE BOX 412077
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 05-0577092 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:

WALKER, JENNIFER M
670 N. ORLANDO AVE.
SUITE 100
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

WALKER, JENNIFER M
5595 SCHENCK AVENUE
UNIT 9
ROCKLEDGE, FL 32955 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: JENNIFER WALKER

10/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALKER, JENNIFER M
Address: 953 CORAL SPRINGS ST.
City-St-Zip: MELBOURNE, FL 32940 US

Title: MGRM () Delete
Name: WALKER, TIMOTHY A
Address: 953 CORAL SPRINGS ST.
City-St-Zip: MELBOURNE, FL 32940 US

ADDITIONS/CHANGES:

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

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: TIMOTHY WALKER

MGR

10/09/2007

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