

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000026251

**FILED**  
**Oct 19, 2004**  
**Secretary of State**

**Entity Name:** CONTRACT SERVICES, LLC

**Current Principal Place of Business:**

7075 PLACIDA ROAD  
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

**Current Mailing Address:**

7075 PLACIDA ROAD  
ENGLEWOOD, FL 34224

**New Mailing Address:**

FEI Number: 02-0684618      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

ARBUCKLE, RENE L  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 339481088 US

**Name and Address of New Registered Agent:**

FITZSIMMONS, TIMOTHY  
7092 PLACIDA ROAD  
CAPE HAZE, FL 33946 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: TIMOTHY FITZSIMMONS

10/19/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: FITZSIMMONS, TIMOTHY  
Address: 7092 PLACIDA ROAD  
City-St-Zip: CAPE HAZE, FL 33946

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 FITZSIMMONS

MR.

10/19/2004

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