

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000040840

Entity Name: X-TREME DETAILING, LLC

**FILED**  
**Oct 20, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

POST OFFICE BOX 48482  
SARASOTA, FL 34230

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 48482  
SARASOTA, FL 34230

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLAUSE, BETH L  
3819 IROQUOIS DRIVE  
SARASOTA, FL 34234 US

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

AYERS, JOSEPH C  
PO BOX 48482  
SARASOTA, FL 34230 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: JOSEPH C AYERS

10/20/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: AYERS, JOSEPH C  
Address: 2936 HOMASASSA ROAD  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AYERS, JOSEPH C  
Address: 3120 JAVA PLUM AVE  
City-St-Zip: SARASOTA, FL 34232 US

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: JOSEPH C AYERS

MGRM

10/20/2004

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