

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000057068

**FILED**  
**Dec 15, 2006**  
**Secretary of State**

**Entity Name:** ENTERPRISE MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

2619 WEBBER STREET  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

1235 N WASHINGTON BLVD  
SARASOTA, FL 34236 US

**Current Mailing Address:**

2619 WEBBER STREET  
SARASOTA, FL 34232 US

**New Mailing Address:**

1235 N WASHINGTON BLVD  
SARASOTA, FL 34236 US

**FEI Number:** 52-2437963      **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:**

MORRISON, JOANNE  
2714 RIVERBLUFF PARKWAY  
SARASOTA, FL 34231 US

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

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:** JOANNE MORRISON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** DEAN, PAUL M  
**Address:** 301 EAGLENOOK WAY  
**City-St-Zip:** OSPREY, FL 34229 US

**Title:** MGR      ( ) Delete  
**Name:** GARRETT, ROBERT G  
**Address:** 216 VENETTA AVENUE  
**City-St-Zip:** NORTH PORT, FL 34287 US

**Title:** MGR      ( ) Delete  
**Name:** HARSHAW, JAMES W  
**Address:** 5132 TREESDALE COURT  
**City-St-Zip:** SARASOTA, FL 34238 US

**ADDITIONS/CHANGES:**

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

**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 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:** PAUL M DEAN

MGR

12/15/2006

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