

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000005301

Entity Name: RIEHL SERVICES, LLC

FILED  
Jan 21, 2008  
Secretary of State

**Current Principal Place of Business:**

PO BOX 603  
TAVERNIER, FL 33070

**New Principal Place of Business:**

1005 SNAPPER LANE  
KEY LARGO, FL 33037

**Current Mailing Address:**

PO BOX 603  
TAVERNIER, FL 33070

**New Mailing Address:**

1005 SNAPPER LANE  
KEY LARGO, FL 33037

FEI Number: 20-1010226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIEHL, RICHARD C  
1005 SNAPPER LANE  
KEY LARGO, FL 33037 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: RICHARD C RIEHL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RIEHL, RICHARD C  
Address: PO BOX 603  
City-St-Zip: TAVERNIER, FL 33070 US

Title: MGR ( ) Delete  
Name: RIEHL, VIRGINIA  
Address: PO BOX 603  
City-St-Zip: TAVERNIER, FL 33070 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RIEHL, RICHARD C  
Address: 1005 SNAPPER LANE  
City-St-Zip: KEY LARGO, FL 33037 US

Title: MGR (X) Change ( ) Addition  
Name: RIEHL, VIRGINIA  
Address: 1005 SNAQPPER LANE  
City-St-Zip: KEY LARGO, FL 33037 US

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: RICHARDC RIEHL

MGRM

01/21/2008

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