PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
LIMITED LIABILITY COMPANY Secretary of State DIVISION OF CORPORATIONS DOCUMENT # L 0 40000 15 47 L 1. Limited Liability Company's Name AT YOUR SERVICE, L.L.C.				SECRETARY OF STATE DIVISION OF CORPORATIONS 07 NOV - 1 PM 12: 51			
2. Principal Office Address - No,P.O. Box#	incipal Office Address - No.P.O. Box# 3. Mailing Office Address			CR2E041 (1/07)			
3209 JE 39- AVE				4. State/Country of Formation			
Suite, Apt. #, etc.	9 JE 39- A-VE P.O. BOX 6213 Apt. #, etc. Suite, Apt. #, etc.			FL/MARION			
				5. Date Organized or Qualified			
City & State City & State				To Do Business in Florida			
OCALA FL OCALI		4 FL		6. FEI Number 06 - 1742630		Applie	od For
OCALA, FL Zip Country 34480 MARION	Zip 34478	Country		7.		\$5.00 Additional Fer	
34480 MARION	34418	MARIA	» K!	CERTIFICATE	OF STATUS DESIRED	for a Certificate of	
8. Name and Address of	Current Registered Age	ent					
Name 5 H IR LEY J BRANLEY Street Address (P.O. Box Number is Not Acceptable) 3 Log 5E 39 A VE Guite, Apt. #, Etc. City CCALA State Zip Code FL 3 4 4 8 0			A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.				
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST 9/3N 10. Names and Street Addresses of Managing Members/Managers							
Also of	ibers/managers	Street Address of Each			-		
Titles Name or Name or Managers Managers		Managing M	ember/Mana	ger		// State / Zip	
MGRM BRADLEY SHIRLEY		09 SE	39 4	AVE	OCALA,	FL 344	480
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.							
Signature of Manager Member/Manager Musely Date 8:24.07 Daytime Phone #35d. 694.7246							
Typed or printed name of signing Managing Member/Manager 5HIRLEY J. BRASLEY							

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