


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007
LIMITED LIABILITY COMPANY
REINSTATEMENT
Annual Report

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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DOCUMENT # *L04000015472*

1. Limited Liability Company's Name
AT YOUR SERVICE, L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <i>3209 SE 39th AVE</i>		3. Mailing Office Address <i>P.O. Box 6213</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>OCALA, FL</i>		City & State <i>OCALA, FL</i>	
Zip <i>34480</i>	Country <i>MARION</i>	Zip <i>34478</i>	Country <i>MARION</i>

4. State/Country of Formation <i>FL / MARION</i>	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <i>06-1742630</i>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
SHIRLEY J. BRADLEY

Street Address (P.O. Box Number is Not Acceptable)
3209 SE 39th AVE

Suite, Apt. #, Etc.

City
OCALA

State
FL

Zip Code
34480

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 *Shirley J. Bradley* Date *8.24.07*
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>MGRM</i>	<i>BRADLEY, SHIRLEY J</i>	<i>3209 SE 39th AVE</i>	<i>OCALA, FL 34480</i>
			<i>12362</i>
	<i>FF \$50</i>		
	<i>OP \$100</i>		
		<i>11/11/08 3554</i>	
		<i>10/22/07-01012-002</i>	<i>50.00</i>

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 filing 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 Managing Member/Manager *Shirley J. Bradley* Date *8.24.07* Daytime Phone # *352.694.7246*

Typed or printed name of signing Managing Member/Manager *SHIRLEY J. BRADLEY*

(*) ZIP CODE CHANGES PER USPS