

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000023062

**FILED**  
**Nov 17, 2006**  
**Secretary of State**

**Entity Name:** LABOR PROS OF FLORIDA LLC

**Current Principal Place of Business:**

43 GLEN EAGLE CT  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

43 GLEN EAGLE CT  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 20-0906526      **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:**

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

OCONNOR, WILLIAM A  
43 GLEN EAGLE CT  
NAPLES, FL 34104 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: WILLIAM OCONNOR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** PHAR, JUSTIN D  
**Address:** 43 GLEN EAGLE CT  
**City-St-Zip:** NAPLES, FL 34104 US

**ADDITIONS/CHANGES:**

**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: JUSTIN D PHAR

MGRM

11/17/2006

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