

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000023301

Entity Name: RM SERVICES, LLC

FILED
Oct 18, 2006
Secretary of State

Current Principal Place of Business:

72 WHITE MARSH LANE
ROTONDA WEST, FL 339472179

New Principal Place of Business:

9644 NASTRAND CIRCLE
PORT CHARLOTTE, FL 33981

Current Mailing Address:

72 WHITE MARSH LANE
ROTONDA WEST, FL 339472179

New Mailing Address:

9644 NASTRAND CIRCLE
PORT CHARLOTTE, FL 33981

FEI Number: 41-2143750 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:

KNAUF, MARK H
2230 S. MCCALL ROAD
ENGLEWOOD, FL 34224 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: MARK KNAUF

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: ROBBINS, MARK
Address: 72 WHITE MARSH LANE
City-St-Zip: ROTONDA WEST, FL 33947

Title: VPRES (X) Delete
Name: ROBBINS, RENEE
Address: 72 WHITE MARSH LAND
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ROBBINS, MARK
Address: 9644 NASTRAND CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

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: MARK ROBBINS

PRES

10/18/2006

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