

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000028558

FILED
Mar 08, 2010
Secretary of State

Entity Name: POOLE'S TRI-COUNTY SERVICES, L.L.C.

Current Principal Place of Business:

66 COLEMAN RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

66 COLEMAN RD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 20-1029495 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

POOLE, SHAWN A
66 COLEMAN ROAD
CRAWFORDVILLE, FL 32327 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: SHAWN A. POOLE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: POOLE, SHAWN A
Address: 66 COLEMAN ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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: SHAWN A. POOLE

MGRM

03/08/2010

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