

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000036115

**FILED**  
**Oct 13, 2008**  
**Secretary of State**

**Entity Name:** ESCROW MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

565 OAKS LANE, SUITE 402  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

565 OAKS LANE  
SUITE 402  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

565 OAKS LANE, SUITE 402  
POMPANO BEACH, FL 33069

**New Mailing Address:**

565 OAKS LANE  
SUITE 402  
POMPANO BEACH, FL 33069

**FEI Number:** 27-0050994      **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:**

BEAUPRE, CELESTE  
565 OAKS LANE, SUITE 402  
POMPANO BEACH, FL 33069      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:** CELESTE BEAUPRE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** BEAUPRE, CELESTE M  
**Address:** 565 OAKS LANE #402  
**City-St-Zip:** POMPANO BEACH, FL 33069

**Title:** MGRM      ( ) Delete  
**Name:** NICHOLSON, JAMES M  
**Address:** 138 TWIN LAKES DRIVE  
**City-St-Zip:** GETTYSBURG, PA 17325

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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:** CELESTE BEAUPRE

MGRM

10/13/2008

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