

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000041200

Entity Name: M & L MOBILE HOME SERVICE, LLC

FILED
Oct 13, 2005
Secretary of State

Current Principal Place of Business:

5637 WOODS ST.
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5637 WOODS ST.
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 90-0179709 **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:

HEIKKINEN, MARK L
5637 WOOD ST.
PORT ORANGE, FL 32127 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 L HEIKKINEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEIKKINEN, MARK L
Address: 5637 WOOD ST.
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM () Delete
Name: MARQUEZ, LISA
Address: 5637 WOOD ST.
City-St-Zip: PORT ORANGE, FL 32127

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 for the exemption stated in Section 119.07(3)(i), 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 L HEIKKINEN

MGRM

10/13/2005

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