

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000052704

**FILED
Oct 24, 2008
Secretary of State**

Entity Name: XTREME CUSTOM LAWCARE, LLC

Current Principal Place of Business:

3545 PACKARD AVE.
ST. CLOUD, FL 34772 US

New Principal Place of Business:

Current Mailing Address:

3545 PACKARD AVE.
ST. CLOUD, FL 34772 US

New Mailing Address:

FEI Number: 20-1370412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLS, ROBERT
3545 PACKARD AVE
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

MILLS, ROBERT C
3545 PACKARD AVE
ST. CLOUD, FL 34772 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: ROBERT C. MILLS

10/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLS, ROBERT
Address: 3545 PACKARD AVE.
City-St-Zip: ST. CLOUD, FL 34772 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLS, ROBERT C
Address: 3545 PACKARD AVE.
City-St-Zip: ST. CLOUD, FL 34772 US

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: ROBERT C. MILLLS

MGRM

10/24/2008

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