

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000056396

Entity Name: EK SERVICES LLC

FILED
Oct 17, 2008
Secretary of State

Current Principal Place of Business:

5354 HWY 98 N
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

5354 HWY 98 N
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 90-0189682 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:

ELLIOTT, STEVE T
3531 DALTON LN.
LAKELAND, FL 33810 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: STEVE ELLIOTT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: SEC () Delete
Name: ELLIOTT, THOMAS A
Address: 7525 CATHERINE DR
City-St-Zip: LAKELAND, FL 33810

Title: PRES () Delete
Name: ELLIOTT, STEVE T
Address: 3531 DALTON LN.
City-St-Zip: LAKELAND, FL 33810

Title: TRES () Delete
Name: KIRT, SHAWN
Address: 3030 SOCRUM LOOP RD
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES:

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

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: STEVE ELLIOTT

PRES

10/17/2008

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