## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L04000061404

Entity Name: SIGNATURE SERVICES LLC

FILED Jan 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4515 LORRAINE AVE 1622 TRIANGLE PALM TERRACE

NAPLES, FL 34104 NAPLES, FL 34119

Current Mailing Address: New Mailing Address:

4515 LORRAINE AVE 1622 TRIANGLE PALM TERRACE

NAPLES, FL 34104 NAPLES, FL 34119

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

SIPE, KAREN L FRITZ, ROBERT J
4515 LORRAINE AVE 1622 TRIANGLE PALM TERRACE
NAPLES, FL 34104 US NAPLES, FL 34119 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 FRITZ 01/24/2006

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete

 Name:
 SIPE, KAREN L

 Address:
 4515 LORRAINE AVE

 City-St-Zip:
 NAPLES, FL 34104

 Title:
 MGR
 ( ) Delete

 Name:
 SIPE, SEAN P

 Address:
 4515 LORRAINE AVE

 City-St-Zip:
 NAPLES, FL 34104

Title: ( ) Delete

Name:

Address: City-St-Zip: ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition

Name: SIPE, KAREN L Address: 2092 ISLA DE PALMA City-St-Zip: NAPLES, FL 34119

Title: MGR (X) Change ( ) Addition

Name: SIPE, SEAN P Address: 2092 ISLA DE PALMA City-St-Zip: NAPLES, FL 34119

Title: MGR ( ) Change (X) Addition

Name: FRITZ, ROBERT J

Address: 1622 TRIANGLE PALM TERRACE

City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 FRITZ MGR 01/24/2006