



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 NOV -1 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000068101</b> 1. Entity Name D.O.A. PEST SERVICES, LLC					
Principal Place of Business 3704 HYDRILLA COURT PORT ST. LUCIE, FL 34952				Mailing Address 3704 HYDRILLA COURT PORT ST. LUCIE, FL 34952	
2. Principal Place of Business 5313 SEAGRAPE DR. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State PORT ST. LUCIE FL		City & State		4. FEI Number NOT APPLICABLE	
Zip 34982		Country ST. LUCIE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  RYAN, ERIC 3704 HYDRILLA COURT PORT ST. LUCIE, FL 34952				7. Name and Address of New Registered Agent Name: ERIC RYAN Street Address (P.O. Box Number is Not Acceptable) 5313 SEAGRAPE DR. City: PORT ST. LUCIE FL Zip Code: 34982	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Eric Ryan</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>10/30/06</u>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RYAN, ERIC 3704 HYDRILLA COURT PORT. ST. LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERIC RYAN 5313 SEAGRAPE DR. PORT ST. LUCIE, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RYAN, ANDREA 3704 HYDRILLA COURT PORT. ST. LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREA RYAN 5313 SEAGRAPE DR. PORT ST. LUCIE, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081434612 11/01/06--01045--001 **\$50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Eric Ryan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>10/30/06</u> Daytime Phone #: <u>(772) 8123052</u>	

REINSTATEMENT

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