

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000081199

Entity Name: T & P CLEANING, LLC

FILED
Sep 11, 2006
Secretary of State

Current Principal Place of Business:

16020 BRIARCLIFF LANE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

16020 BRIARCLIFF LANE
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-1902285 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:

RIASCOS, ORLANDO
16020 BRIARCLIFF LANE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM NONLAWYER
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 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: DEVIN NEWMAN- ASSISTANT SECRETARY

09/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIASCOS, ORLANDO
Address: 16020 BRIARCLIFF LANE
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: RIASCOS, ROCIO
Address: 16020 BRIARCLIFF LANE
City-St-Zip: FORT MYERS, FL 33912

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 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: ORLANDO RIASCOS

MGRM

09/11/2006

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