

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000089054

1. Entity Name
FLORIDA OUTDOOR ENVIRONMENTAL SERVICES, LLC.



FILED
07 FEB -9 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
726 EGLIN PARKWAY
UNIT A5
FORT WALTON BEACH, FL 32547

Mailing Address
726 EGLIN PARKWAY
UNIT A5
FORT WALTON BEACH, FL 32547

2. Principal Place of Business - No P.O. Box #
21 Meigs Drive
Suite, Apt. #, etc.

3. Mailing Address
21 Meigs Drive
Suite, Apt. #, etc.

City & State
Shalimar, FL

City & State
Shalimar, FL

Zip
32579

Country

Zip
32579

Country



02092007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent
MARSH, CHRISTOPHER O
284 EGLIN PARKWAY
FORT WALTON BEACH, FL 32547

4. FEI Number
20-1977914

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Christopher O Marsh DATE 2/9/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, GENE B 2093 KINGS MILL ROAD OAKMAN, AL 35579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300088447863 02/15/07--01040--007 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMES, WOODS 726 EGLIN PARKWAY FORT WALTON BEACH, FL 32547 <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
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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

REINSTATEMENT 2006-2007

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: James Woods James Woods, MGR DATE 2/9/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #