

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000091749

1. Entity Name  
ARMSTRONG RELOCATION COMPANY, ORLANDO, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 10 AM 9:35

Principal Place of Business  
2490 PRINCIPAL ROW, SUITE 100  
ORLANDO, FL 32837

Mailing Address  
2490 PRINCIPAL ROW, SUITE 100  
ORLANDO, FL 32837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052005 REIN-LLC CR2E101 (6/04)

4. FEI Number

20-1998284

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, WAYNE  
2490 PRINCIPAL ROW, SUITE 100  
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name

JONATHAN REED

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

2490 PRINCIPAL ROW, SUITE 100

City

ORLANDO

FL

Zip Code  
32837

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/05/05

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2006, Fee will be \$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

TITLE MGR ☐ Delete  
NAME WATSON, JAMES T  
STREET ADDRESS 3927 WINCHESTER ROAD  
CITY-ST-ZIP MEMPHIS, TN 381184994

TITLE MGR ☐ Delete  
NAME FIELDS, KAREN S  
STREET ADDRESS 3927 WINCHESTER ROAD  
CITY-ST-ZIP MEMPHIS, TN 381184994

TITLE MGR ☐ Delete  
NAME PICKENS, LAUREN S  
STREET ADDRESS 3927 WINCHESTER ROAD  
CITY-ST-ZIP MEMPHIS, TN 381184994

TITLE MGR ☐ Delete  
NAME RATTON, ROBERT W JR.  
STREET ADDRESS 3927 WINCHESTER ROAD  
CITY-ST-ZIP MEMPHIS, TN 381184994

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition  
NAME TOM HINKLEY  
STREET ADDRESS 2490 PRINCIPAL ROW, SUITE 100  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200060453952  
10/10/05--01063--017 \*\*\$5.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
REINSTATEMENT 2005

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #