

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000000452

1. Entity Name
HEARTLAND SERVICES, L.L.C.



Principal Place of Business
5436 FRUITVILLE RD
SARASOTA, FL 34232

Mailing Address
5436 FRUITVILLE RD
SARASOTA, FL 34232

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

8451 Boleyn Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota, FL

Zip

Country

Zip

34240

Country

Sarasota

02112009 REIN-LLC CR2E101 (1/07)

4. FEI Number
59-3790330

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, LOIS
8451 BOLEYN RD.
SARASOTA, FL 34240

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

Lois Miller

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-09

FILE NOW!!! FEE IS \$277.50

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
MGR
MILLER, MICHAEL
5436 FRUITVILLE RD
SARASOTA, FL 34232 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8451 Boleyn Rd.
Sarasota, Fla. 34240 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MILLER, LOIS
5436 FRUITVILLE RD
SARASOTA, FL 34232 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8451 Boleyn Rd.
Sarasota, Fla. 34240 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100144171081
02/23/09--01010--002 **138.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100144171081
02/23/09--01010--003 **143.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Michael M. Miller

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

2-16-09 941-320-3984

Date

Daytime Phone #

REINSTATEMENT
-08-09
C.L.



FILED

2009 FEB 24 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA