

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000000956

**FILED**  
**Apr 10, 2007**  
**Secretary of State**

**Entity Name:** MARK-IT SERVICES, LTD. CO.

**Current Principal Place of Business:**

95 SPRING LAKE DRIVE  
#105  
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

95 SPRING LAKE DRIVE  
#105  
VERO BEACH, FL 32962

**New Mailing Address:**

668 ROUTE 70 WEST  
LAKEHURST, NJ 08733

**FEI Number:** 20-2983890      **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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: DOUGLAS MELDRUM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HECK, MARK A  
Address: 2302 TAPESTRY COURT  
City-St-Zip: TOMS RIVER, NJ 08755

**ADDITIONS/CHANGES:**

Title: CONT (X) Change ( ) Addition  
Name: MELDRUM, DOUGLAS A  
Address: 1512 CAROLINE LANE  
City-St-Zip: TOMS RIVER, NJ 08755

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: DOUGLAS MELDRUM

CONT

04/10/2007

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