



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOV 16 AM 9:43

DOCUMENT # L05000003760 1. Entity Name HEAVEN SCENT CLEANING SERVICE LLC					
Principal Place of Business 1511 NE 16TH AVE. #C #C GAINESVILLE, FL 32601			Mailing Address 1511 NE 16TH AVE. #C #C GAINESVILLE, FL 32601		
2. Principal Place of Business <i>9926 SW 8th Ave</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Gainesville</i>		City & State			
Zip <i>32607</i>		Country <i>FL</i>		10192006 REIN-LLC CR2E101 (11/05)	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, CRISSY A 1511 NE 16TH AVE #C #C GAINESVILLE, FL 32641		7. Name and Address of New Registered Agent Name <i>Crissy A Morris</i> Street Address (P.O. Box Number is Not Acceptable) <i>9926 SW 8th Ave</i> City <i>Gainesville</i> FL Zip Code <i>32607</i>			
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 <i>Crissy A Morris</i> DATE <i>10.23.06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GAINEY, JESS SR 1504 NE5TH PLACE GAINESVILLE, FL 32641		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300081827403 11/16/06--01007--019 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Angelia C Morris</i> <i>9926 SW 8th Ave</i> <i>Gainesville, FL 32607</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGR Angelia C. MORRIS 9926 SW 8th Ave Gainesville, FL 32607	
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	
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	
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	
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	
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: <i>Crissy A Morris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>10.23.06</i> <small>Daytime Phone #</small>		