2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED 07 SEP 28 AM 8: 08 **DOCUMENT #L05000009817** FULL LINE CLEANING SERVICE LLC Mailing Address Principal Place of Business 2716 BEDFORD WAY 2716 BEDFORD WAY TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 Principal Place of Business - No P.O. Box # Mailing Address The mest brevar 16 West Brevardst Suite, Apt. #, etc. Suite, Apt. #, etc. 09282007 **REIN-LLC** CR2E101 (1/07) City & State 4. FEI Number Applied For allahra allahass 5CC APPLIED FOR Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HADLEY, FRED C Street Address (P.O. Box Number is Not Acceptable) 2716 BEDFORD WAY TALLAHASSEE, FL 32308 <u>cevard</u> 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 (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$50.00 Florida Department of State After January 1, 2008, Fee will be \$100.00 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. WABW MGRM TITLE ☐ Delete TITI F Change Hadley, Fred BHU west Brevard St Addition NAME HADLEY, FRED NAME 2716 BEDFORD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME 110206: --Min08--013 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE ■ Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE