

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000016686

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

**Entity Name:** JASON GILES SERVICES, LLC

**Current Principal Place of Business:**

296 EAST GRIFFITH AV E  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

5728 HWY 4  
BAKER, FL 32531

**Current Mailing Address:**

296 EAST GRIFFITH AV E  
CRESTVIEW, FL 32539

**New Mailing Address:**

5728 HWY4  
BAKER, FL 32531

**FEI Number:** 20-2349219      **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:**

GILES, JASON  
296 EAST GRIFFITH AVE  
CRESTVIEW, FL 32539      US

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

GILES, JASON  
5728 HWY 4  
BAKER, FL 32531      US

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:** JASON S. GILES

08/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** GILES, JASON  
**Address:** 296 EAST GRIFFITH AVE  
**City-St-Zip:** CRESTVIEW, FL 32539

**ADDITIONS/CHANGES:**

**Title:** MGR      (X) Change ( ) Addition  
**Name:** GILES, JASON  
**Address:** 5728 HWY 4  
**City-St-Zip:** BAKER, FL 32531

I hereby certify that the information supplied with this filing does not qualify 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:** JASON S. GILES

MGR

08/10/2007

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