

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000028504

Entity Name: HAYMAN SERVICES LLC

FILED
Sep 18, 2007
Secretary of State

Current Principal Place of Business:

627 EASTWOOD CT
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

627 EASTWOOD CT
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

HAYMAN, MICHAEL K
627 EASTWOOD CT
ALTAMONTE SPRINGS, FL 32714 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: MICHAEL HAYMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAYMAN, BEVERLY W
Address: 627 EASTWOOD CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: HAYMAN, MICHAEL K
Address: 627 EASTWOOD CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM (X) Delete
Name: WARD, TINA A
Address: 627 EASTWOOD CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAYMAN, MICHAEL K
Address: 627 EASTWOOD CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM (X) Change () Addition
Name: HAYMAN, TINA W
Address: 627 EASTWOOD CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL HAYMAN

MGRM

09/18/2007

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