

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000030740

1. Entity Name
STEP ONE SERVICES, LLC



FILED

10 NOV 23 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1102 S. ADAMS STREET, SUITE 10
TALLAHASSEE, FL 32301

Mailing Address
1102 S. ADAMS STREET, SUITE 10
TALLAHASSEE, FL 32301



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11232010 REIN-LLC CR2E101 (1/07)

4. FEI Number
02-0558358

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, SARITA
1529 TWIN LAKE CIRCLE
TALLAHASSEE, FL 32311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Sarita Carter

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/23/10

FILE NOW!!! FEE IS \$238.75
After January 1, 2011, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARTER, SARITA
1529 TWIN LAKE CIRCLE
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
MGRM
CARTER, ISAIAH
1529 TWIN LAKE CIRCLE
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
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11/23/10--01004--002 **238.75

TITLE
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☐ Change ☐ Addition

REINSTATEMENT 2010

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

Sarita Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11/23/10