

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000043242

**FILED**  
**Oct 26, 2009**  
**Secretary of State**

**Entity Name:** OFS LLC

**Current Principal Place of Business:**

320 MICHIGAN ESTATE CIR  
ST CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

320 MICHIGAN ESTATE CIR  
ST CLOUD, FL 34769 US

**New Mailing Address:**

PO BOX 701587  
ST CLOUD, FL 34770 US

**FEI Number:** 76-0790565      **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:**

PARADISO, ANTHONY J  
320 MICHIGAN ESTATE CIR  
ST CLOUD, FL 34769 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: ANTHONY PARADISO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PARADISO, ANTHONY J  
Address: 320 MICHIGAN ESTATE CIR  
City-St-Zip: ST CLOUD, FL 34769 US

**ADDITIONS/CHANGES:**

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: ANTHONY PARADISO

MGR

10/26/2009

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