2006 LIMITED LIABILITY COMPANY

FILEU SECRETARY OF STATE REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT # L05000043948** 06 SEP 27 AM 10: 53 THOMAS & FAMILY CLEANING SERVICE LLC Principal Place of Business Mailing Address 27 STARLING DRIVE 27 STARLING DRIVE DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09252006 REIN-LLC CR2E101 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, THOMAS J III Street Address (P.O. Box Number is Not Acceptable) 27 STARLING DRIVE DAYTONA BEACH, FL 32117 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOWIII FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited After January 1, 2007, Fee will be \$100.00 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Addition TITLE ☐ Delete TITLE ☐ Change MORRIS, THOMAS J III NAME NAME 400080221194 09/27/06--01045--010 **50.00 27 STARLING DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32117 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITI F Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME REMENTATION EN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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