

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000045012

FILED  
Sep 12, 2007  
Secretary of State

Entity Name: 1SOURCE HOME SERVICES, LLC

## Current Principal Place of Business:

9291 ARBORWOOD CIRCLE  
DAVIE, FL 33328

## New Principal Place of Business:

8201 SW 41 COURT  
DAVIE, FL 33328

## Current Mailing Address:

9291 ARBORWOOD CIRCLE  
DAVIE, FL 33328

## New Mailing Address:

8201 SW 41 COURT  
DAVIE, FL 33328

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

## Name and Address of Current Registered Agent:

COCHRAN, HEATHER P  
9291 ARBORWOOD CIRCLE  
DAVIE, FL 33328 US

## Name and Address of New Registered Agent:

COCHRAN, JACK J  
8201 SW 41 COURT  
DAVIE, FL 33328 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: JACK J COCHRAN

09/12/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: COCHRAN, HEATHER P  
Address: 9291 ARBORWOOD CIRCLE  
City-St-Zip: DAVIE, FL 33328

Title: MGRM (X) Delete  
Name: COCHRAN, JACK J  
Address: 9291 ARBORWOOD CIRCLE  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: COCHRAN, JACK J  
Address: 8201 SW 41 COURT  
City-St-Zip: DAVIE, FL 33328

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: JACK J COCHRAN

MGRM

09/12/2007

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