

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000067220

Entity Name: MAYERS SERVICES LLC

FILED
May 27, 2009
Secretary of State

Current Principal Place of Business:

440 CYPRESS ROAD
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

440 CYPRESS ROAD
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 20-3112972 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:

Name and Address of New Registered Agent:

MAYERS, KEVIN
440 CYPRESS ROAD
VENICE, FL 34293 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: KEVIN MAYERS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAYERS, KEVIN
Address: 440 CYPRESS ROAD
City-St-Zip: VENICE, FL 34293 US

Title: MGRM () Delete
Name: MAYERS, REBECCA
Address: 440 CYPRESS ROAD
City-St-Zip: VENICE, FL 34293 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: FONTANYI, TERRY
Address: 1238 RONALD ST
City-St-Zip: NORTH PORT, FL 34286 US

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: KEVIN MAYERS

MGRM

05/27/2009

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