

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000074294

**FILED**  
**Dec 08, 2007**  
**Secretary of State**

**Entity Name:** RAIDER ENVIRONMENTAL SERVICES, LLC

**Current Principal Place of Business:**

4401 PETERS ROAD  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

4401 PETERS ROAD  
PLANTATION, FL 33317 US

**New Mailing Address:**

**FEI Number:** 20-3206918      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OBST, STEVE  
210 SW 44TH AVE  
PLANTATION, FL 33317 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:** STEVE OBST

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** OBST, STEVE  
**Address:** 210 SW 44TH AVE  
**City-St-Zip:** PLANTATION, FL 33317 US

**Title:** MGRM ( ) Delete  
**Name:** OBST, TAVIA  
**Address:** 210 SW 44TH AVE  
**City-St-Zip:** PLANTATION, FL 33317 US

**ADDITIONS/CHANGES:**

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

**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:** STEVE OBST

**PRES**

**12/08/2007**

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