

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000077549

**FILED**  
**Oct 15, 2010**  
**Secretary of State**

**Entity Name:** BOWLING SERVICES LLC

**Current Principal Place of Business:**

4728 MEDOWVIEW CIRCLE  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

4728 MEDOWVIEW CIRCLE  
SARASOTA, FL 34233

**New Mailing Address:**

**FEI Number:** 20-4571714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMOS, ANA L  
766 S OSPREY AVE  
SUITE 8  
SARASOTA, FL 34236 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:** ANA RAMOS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** CEO  
**Name:** INSIGNARES, SAUL A SR.  
**Address:** 4728 MEDOW VIEW CIRCLE  
**City-St-Zip:** SARASOTA, FL 34233

**Title:** MGR  
**Name:** GAVIRIA, JUAN C  
**Address:** 6936 SW 39TH ST APT # 107  
**City-St-Zip:** DAVIE, FL 33314

I hereby 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:** SAUL A. INSIGNARES

CEO

10/15/2010

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