# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Sep 27, 2006**
**Secretary of State**

DOCUMENT# L05000086231

**Entity Name:** GRAHAM SERVICES LTD. CO.

**Current Principal Place of Business:**

18044 NW 6TH STREET
SUITE 104
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

12399-1 PEMBROKE RD.
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

18044 NW 6TH STREET
SUITE 104
PEMBROKE PINES, FL 33029

**New Mailing Address:**

12399-1 PEMBROKE RD.
PEMBROKE PINES, FL 33025

**FEI Number:** **FEI Number Applied For (X)** **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:**

GRAHAM, ALVA L
18044 NW 6TH STREET
SUITE 104
PEMBROKE PINES, FL 33029 US

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

GRAHAM, A. L
12399-1 PEMBROKE RD.
PEMBROKE PINES, FL 33025 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: A.L. GRAHAM 09/27/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: GRAHAM, ALVA
Address: 18044 NW 6TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: GRAHAM, ALVA
Address: 12399-1 PEMBROKE RD.
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the 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: A. L. GRAHAM MGR 09/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date