

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000098557

FILED
Feb 12, 2007
Secretary of State

Entity Name: COOPERATIVE SERVICES LLC

Current Principal Place of Business:

12430 MEASSON RD BLDG D-B
PENSACOLA, FL 32506

New Principal Place of Business:

7591 HWY 98
618
PENSACOLA, FL 32506

Current Mailing Address:

12430 MEASSON RD BLDG D-B
PENSACOLA, FL 32506

New Mailing Address:

PO BOX 3511
PENSACOLA, FL 32516

FEI Number: 20-3440164 **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:

FARIAS, ANA CECILIA
12430 MEASSON RD BLDG D-B
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

FARIAS, ANA CECILIA
7591 HWY 98
618
PENSACOLA, FL 32506 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: ANA C FARIAS

02/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FARIAS, ANA CECILIA
Address: 12430 MEASSON RD BLDG D-B
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FARIAS, ANA CECILIA
Address: 7591 HWY 98 # 618
City-St-Zip: PENSACOLA, FL 32506

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: ANA C FARIAS

MGR

02/12/2007

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