

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000103221

FILED
Dec 13, 2006
Secretary of State

Entity Name: GULF COAST FIELD SERVICES, LLC

Current Principal Place of Business:

3364 ALOUETTE CIRCLE
APT 3
FORT MYERS, FL 33907

New Principal Place of Business:

439 PAULA DRIVE SOUTH
UNIT 101
DUNEDIN, FL 34698

Current Mailing Address:

3364 ALOUETTE CIRCLE
APT 3
FORT MYERS, FL 33907

New Mailing Address:

439 PAULA DRIVE SOUTH
UNIT 101
DUNEDIN, FL 34698

FEI Number: 20-3801569 **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:

SALVATORE, ROBERT
3364 ALOUETTE CIRCLE
APT 3
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

SALVATORE, ROBERT J
439 PAULA DRIVE SOUTH
UNIT 101
DUNEDIN, FL 34698 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: ROBERT J. SALVATORE

12/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SALVATORE, ROBERT
Address: 3364 ALOUETTE CR APT 3
City-St-Zip: FORT MYERS, FL 33907 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SALVATORE, ROBERT
Address: 439 PAULA DRIVE SOUTH
City-St-Zip: DUNEDIN, FL 34698 US

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: ROBERT J. SALVATORE

MGR

12/13/2006

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