2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000118217

Entity Name: AT YOUR SERVICE LLC

SHAMBLEN, CINDY

1261 DOCKSIDE DR

LUTZ, FL 33559 US

Name:

Address:

City-St-Zip:

FILED Sep 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1261 DOCKSIDE DR LUTZ, FL 33559 **Current Mailing Address: New Mailing Address:** 1261 DOCKSIDE DR LUTZ, FL 33559 FEI Number: 20-3952358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAMBLEN, GARY 1261 DOCKSIDE DR LUTZ, FL 33559 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: GARY SHAMBLEN Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SHAMBLEN, GARY Name: Name: Address: 1261 DOCKSIDE DR Address: City-St-Zip: LUTZ, FL 33559 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

Name:

Address:

City-St-Zip:

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: CINDY SHAMBLEN MGRM 09/26/2006