## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

1. Entity Name FRONT TO BACK CLEANING SERV					
Principal Place of Business 4080 DANCING CLOUD CT 228	Mailing Address 4080 DANCING CLOUD 228	CT	4.3 28 45 4	F., 2: 3h	
DESTIN, FL 32541 US  2. Principal Place of Business - No P.O. Box #	DESTIN, FL 32541  3. Mailing Address	US			
Suite, Apt. #, etc. Suite, Apt. #, etc.					
City & State	City & State		4. FEI Number	CR2E101 (1/07) Applied For	
Zip Country	Zip	Country	20-4005012  5. Certificate of Status Desired	Not Applicable  \$5.00 Additional	
6. Name and Address of Current	Registered Agent		7. Name and Address of New	Fee Required Registered Agent	
MARTIN, STACEY A		Name			
4080 DANCING CLOUD CT 228		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
DESTIN, FL 32541					
8. The above named entity submits this statement to	····	City		FL Zip Code	
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of tegisted agent  FILE NOWILL FEE IS \$50.00  After January 1, 2008, Fee will be \$100.00	In accordance with s	Registered Agent signature req s. 607.193(2)(b), F.S., inot receive the prior n	he limited Ma	DATE  Alke check payable to da Department of State	
9. MANAGING MEMBE	-RS/MANAGERS	<b>1</b> 0.	ADDITION	S/CHANGES	
TITLE MGR NAME MARTIN, HENRY J STREET ADDRESS 4080 DANCING CLOUD CT #22 DESTIN, FL 32541  TITLE MGR NAME MARTIN, STACEY A STREET ADDRESS 4080 DANCING CLOUD CT #22 DESTIN, FL 32541	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	7:00110 10/02/070103	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  SIGNATURE:  Bionature and Typed or Printed NAME of SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Device Proce #					