

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 09, 2007  
Secretary of State**

DOCUMENT# L06000020817

Entity Name: ABSOLUTE DRAIN CLEANING & SERVICES LLC

**Current Principal Place of Business:**

1297 FAWN AVE  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

1297 FAWN AVE  
DELTONA, FL 32725

**New Mailing Address:**

FEI Number: 14-1947666      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WAYNE, BALKISSOON  
1297 FAWN AVE  
DELTONA, FL 32725      US

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

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: WAYNE BALKISSOON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: WAYNE, BALKISSOON  
Address: 1297 FAWN AVE  
City-St-Zip: DELTONA, FL 32725 US

Title: MGR      ( ) Delete  
Name: BARBARA, BALKISSOON  
Address: 1297 FAWN AVE  
City-St-Zip: DELTONA, FL 32725 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WAYNE BALKISSOON

MNG

10/09/2007

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