

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000053564

**FILED**  
**Oct 12, 2007**  
**Secretary of State**

**Entity Name:** SEMINOLE OUTDOOR SERVICES LLC

**Current Principal Place of Business:**

4359 MAYLOR ROAD  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

602 EASTWOOD DRIVE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

4359 MAYLOR ROAD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

PO BOX 14165  
TALLAHASSEE, FL 32317

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**  
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:**

GRANGER, JAMES FLOYD  
4359 MAYLOR ROAD  
TALLAHASSEE, FL 32308      US

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

GRANGER, JAMES F  
602 EASTWOOD DRIVE  
TALLAHASSEE, FL 32301      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: JAMES F GRANGER

10/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GRANGER, JAMES F  
Address: 4359 MAYLOR ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM      ( ) Delete  
Name: PHILLIPS, TED  
Address: 14206 RED HAWK ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM      (X) Delete  
Name: ELDRIDGE, JOSEPH D  
Address: 4359 MAYLOR ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM      (X) Delete  
Name: HICKEY, CHAD R  
Address: 4359 MAYLOR ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: GRANGER, JAMES F  
Address: PO BOX 14165  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM      (X) Change ( ) Addition  
Name: ELDRIDGE, JOSEPH D  
Address: 602 EASTWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

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: JOSEPH D ELDRIDGE

MGRM

10/12/2007

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