2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 10, 2008
Secretary of State

DOCUMENT# L06000066894

Entity Name: ARMAND SERVICES LLC

Current Principal Place of Business:

2365 VISTA PARKWAY
5
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

2365 VISTA PARKWAY
5
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 20-5209586 **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:

ARMAND, DOUGLAS J OWNER
2365 VISTA PARKWAY
5
WEST PALM BEACH, FL 33411 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: DOUG ARMAND

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: OWNE ( ) Delete
Name: ARMAND, LORA S
Address: 2365 VISTA PARKWAY SUITE 5
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ARMAND, LORA S
Address: 2365 VISTA PARKWAY SUITE 5
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGR ( ) Change (X) Addition
Name: DOUG, ARMAND J
Address: 2365 VISTA PARKWAY SUITE 5
City-St-Zip: WEST PALM BEACH, FL 33411

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: DOUG ARMAND MGR 10/10/2008

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