

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000112014

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

**Entity Name:** AM PM HOME SERVICES, LLC

**Current Principal Place of Business:**

8002 PIERCE HARWELL ROAD  
PLANT CITY, FL 33565

**New Principal Place of Business:**

**Current Mailing Address:**

8002 PIERCE HARWELL ROAD  
PLANT CITY, FL 33565

**New Mailing Address:**

**FEI Number:** 26-0358900      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SMITH, KEITH C  
121 NORTH COLLINS STREET  
PLANT CITY, FL 33563      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: KEITH SMITH

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: OWNE ( ) Change (X) Addition  
Name: REDD, WARREN P SR  
Address: 8002 PIERCE HARWELL RD  
City-St-Zip: PLANT CITY, FL 33565

Title: OWNE ( ) Change (X) Addition  
Name: PAULA, PAULA D  
Address: 8002 PIERCE HARWELL RD  
City-St-Zip: PLANT CITY, FL 33565

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: WARREN REDD

OWNE

10/09/2007

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