

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 01, 2009
Secretary of State**

DOCUMENT# L06000112983

Entity Name: TRIPLE T SERVICE, LLC

Current Principal Place of Business:

6949 BIG BEND DR.
ST. CLOUD, FL 34771 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 701297
SAINT CLOUD, FL 34770 US

New Mailing Address:

FEI Number: 38-3746990 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:

Name and Address of New Registered Agent:

BRAMLETT, KRISTIE
6949 BIG BEND DR.
SAINT CLOUD, FL 34771 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: KRISTIE BRAMLETT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BRAMLETT, JEREMY
Address: 6949 BIG BEND DR.
City-St-Zip: SAINT CLOUD, FL 34771 US

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

Title: MGRM () Delete
Name: BRAMLETT, KRISTIE
Address: 6949 BIG BEND DR.
City-St-Zip: SAINT CLOUD, FL 34771 US

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: KRISTIE BRAMLETT

MGRM

10/01/2009

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