


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000010112 1. Entity Name ALL SERVICE SANITATION, LLC						FILED 08 NOV 12 AM 9:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 3715 A N. COCOA BLVD. COCOA, FL 32926 US				Mailing Address 3715 A N. COCOA BLVD. COCOA, FL 32926 US				9/26/08
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		10272008 REIN-LLC CR2E101 (1/07)
4. FEI Number 20-1381886				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required								
6. Name and Address of Current Registered Agent EARRUSSO, PAT 3715 A N. COCOA BLVD. COCOA, FL 32926				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code				
SIGNATURE: <u><i>Pat Earrusso</i></u> <u><i>Pat Earrusso</i></u> <u><i>10/31/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>								
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50				Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EARRUSSO, PAT 3715 A N. COCOA BLVD. COCOA, FL 32926			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200137669342 11/05/08--01027--010 **243.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT			TITLE NAME STREET ADDRESS CITY-ST-ZIP	2008			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NYC 11/14			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CUS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT			TITLE NAME STREET ADDRESS CITY-ST-ZIP	2008			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT			TITLE NAME STREET ADDRESS CITY-ST-ZIP	2008			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Pat Earrusso</i></u> <u><i>Pat Earrusso</i></u> <u><i>10/30/08</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>								