

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000048691

**FILED**  
**Nov 04, 2008**  
**Secretary of State**

**Entity Name:** TWO FRIENDS RESIDENTIAL SERVICES LLC

**Current Principal Place of Business:**

1324 SEVEN SPRINGS BLVD #104  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

1324 SEVEN SPRINGS BLVD #104  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:** 26-0171880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CUOMO, ANTHONY M  
9800 BALSARIDGE COURT  
TRINITY, FL 34655 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: ANTHONY M CUOMO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FELBINGER, JOHN G  
Address: 5270 AYSHIRE DRIVE  
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM ( ) Delete  
Name: CUOMO, ANTHONY M  
Address: 9800 BALSARIDGE COURT  
City-St-Zip: TRINITY, FL 34655

**ADDITIONS/CHANGES:**

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: JOHN G FELBINGER

MGRM

11/04/2008

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