

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000050469

FILED
Oct 23, 2009
Secretary of State

Entity Name: ON-SITE RENOVATIONS LLC

Current Principal Place of Business:

17331 MINNEOLA DRIVE
SPRING HILL, FL 34610

New Principal Place of Business:

Current Mailing Address:

PO BOX 1116
OLDSMAR, FL 34677

New Mailing Address:

PO BOX 855
LAND O LAKES, FL 34639

FEI Number: 02-0808707 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:

PLUSKOTA, DONNA M
17331 MINNEOLA DRIVE
SPRING HILL, FL 34610 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: DONNA M PLUSKOTA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PLUSKOTA, JOSEPH M JR.
Address: 17331 MINNEOLA DRIVE
City-St-Zip: SPRING HILL, FL 34610

Title: MGR () Delete
Name: PLUSKOTA, DONNA M
Address: 17331 MINNEOLA DRIVE
City-St-Zip: SPRING HILL, FL 34610

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PLUSKOTA, JOSEPH M JR.
Address: PO BOX 855
City-St-Zip: LAND O LAKES, FL 34639

Title: MGR (X) Change () Addition
Name: PLUSKOTA, DONNA M
Address: PO BOX 855
City-St-Zip: LAND O LAKES, FL 34639

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: JOSEPH M PLUSKOTA

MGRM

10/23/2009

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