2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 23, 2008
Secretary of State

DOCUMENT# L07000056193

Entity Name: STRONGMAN MOVERS, LLC

Current Principal Place of Business:

1286 INDIAN BLUFF DRIVE
APOPKA, FL 32703

New Principal Place of Business:

541 NORTHWESTERN AVENUE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1286 INDIAN BLUFF DRIVE
APOPKA, FL 32703

New Mailing Address:

541 NORTHWESTERN AVENUE
ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-0245677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PILLEY, ALLEN H
1286 INDIAN BLUFF DRIVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

PILLEY, ALLEN H
541 NORTHWESTEN AVENUE
ALTAMONTE SPRINGS, FL 32714 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: ALLEN H. PILLEY 10/23/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PILLEY, ALLEN H
Address: 1286 INDIAN BLUFF DRIVE
City-St-Zip: APOPKA, FL 32703

Title: MGRM ( ) Delete
Name: KASHETA, JASON M
Address: 4027 LAKESIDE RESERVES COURT
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PILLEY, ALLEN H
Address: 541 NORTHWESTERN AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ALLEN H. PILLEY MGRM 10/23/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date