

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000064587

1. Entity Name
IMPERIAL SERVICES LLC



Principal Place of Business
14601 TRADERS PATH
ORLANDO, FL 32837

Mailing Address
14601 TRADERS PATH
ORLANDO, FL 32837

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

01282009 REIN-LLC CR2E101 (1/07)

4. FEI Number
26-4138504

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ-ROJAS, SERGIO
14601 TRADERS PATH
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name L.L. Professional Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
6900 S. Orange Blossom Tr
Suite 408
City Orlando FL Zip Code 32809

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.

SIGNATURE

Aixa D. Lopez - Aixa D. Lopez

04/01/2009

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE PRESIDENT ☐ Delete
NAME SERGIO GONZALEZ-ROJAS
STREET ADDRESS 14601 TRADERS PATH
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE PRESIDENT ☐ Change ☒ Addition
NAME SERGIO GONZALEZ-ROJAS
STREET ADDRESS 14601 TRADERS PATH
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Sergio Gonzalez President

Date

Daytime Phone #

04/01/2009

FILED

2009 APR 21 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

