

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000090890

FILED
Oct 06, 2008
Secretary of State

Entity Name: ESKORT LIMOUSINE SERVICE, LLC.

Current Principal Place of Business:

1835-119 US HWY 1 SOUTH,
#198
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

8218 HIGHGATE DR
JACKSONVILLE, FL 32216

Current Mailing Address:

1835-119 US HWY 1 SOUTH,
#198
ST. AUGUSTINE, FL 32084

New Mailing Address:

8218 HIGHGATE DR
JACKSONVILLE, FL 32216

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

FRAGA, CELINA A
3919 HILLSTEAD LN
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

FRAGA, CELINA B
8218 HIGHGATE DR
JACKSONVILLE, FL 32216 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: CELINA FRAGA

10/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRAGA, CELINA B
Address: 1835-119 US HWY 1 SOUTH, #198
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGR () Delete
Name: FRAGA, CELINA C
Address: 1835-119 US HWY 1 SOUTH, #198
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FRAGA, CELINA B
Address: 8218 HIGHGATE DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR (X) Change () Addition
Name: FRAGA, CELINA C
Address: 8218 HIGHGATE DR
City-St-Zip: JACKSONVILLE, FL 32216

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: CELINA FRAGA

MGR

10/06/2008

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