

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000095060

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** QUALITY SCRATCH AND DENT REMOVAL, LLC

**Current Principal Place of Business:**

1841 7TH AVENUE NORTH BAY 22  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

1865 SOUTH WEST 4TH AVENUE  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

5832 STRAWBERRY LAKES CIRCLE  
LAKE WORTH, FL 33463

**New Mailing Address:**

953 DANS PLACE  
GREENACRES, FL 33463

FEI Number: 51-0646970      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:**

MARTIN, DEBRA  
5832 STRAWBERRY LAKES CIRCLE  
LAKE WORTH, FL 33463      US

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

MARTIN, DEBRA  
953 DANS PLACE  
LAKE WORTH, FL 33463      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: DEBRA MARTIN

01/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: MARTIN, BILLY W MR  
Address: 953 DANS PLACE  
City-St-Zip: LAKE WORTH, FL 33463

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: DEBRA MARTIN

MGR

01/21/2009

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