

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000102592

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** T & A AERIAL SERVICES, LLC

**Current Principal Place of Business:**

1050 RED BAY TERRACE  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

5041 CHAVES CIRCLE  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

1050 RED BAY TERRACE  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

5041 CHAVES CIRCLE  
PORT CHARLOTTE, FL 33948

**FEI Number:** 26-1329655      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

ANDERSON, TODD G II  
1050 RED BAY TERRACE  
PORT CHARLOTTE, FL 33948      US

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

ANDERSON, TODD G II  
5041 CHAVES CIRCLE  
PORT CHARLOTTE, FL 33948      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: TODD G ANDERSON II

05/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ANDERSON, TODD G II  
**Address:** 5041 CHAVES CIRCLE  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

I hereby 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: TODD G ANDERSON II

MGR

05/01/2010

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