

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000103895

**FILED**  
**Nov 07, 2008**  
**Secretary of State**

**Entity Name:** CAL PROFESSIONAL SERVICES LLC

**Current Principal Place of Business:**

1122 LAKE CHARLES DR  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2378  
DAVENPORT, FL 33836

**New Mailing Address:**

**FEI Number:** 71-1046597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINDBLOM, CRAIG A  
1122 LAKE CHARLES DR  
DAVENPORT, FL 33837 US

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

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: CRAIG A. LINDBLOM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LINDBLOM, CRAIG A  
Address: 1122 LAKE CHARLES DR  
City-St-Zip: DAVENPORT, FL 33837

**ADDITIONS/CHANGES:**

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: CRAIG A. LINDBLOM

MGR

11/07/2008

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