2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# L07000109870

Entity Name: TREASURE COAST FIELD SERVICES LLC

Current Principal Place of Business:

6112 NW DAROCO TERRACE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

6112 NW DAROCO TERRACE
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 26-1350432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSELL, KRAIG E.O.
16351 OLD ASH LOOP
ORLANDO, FL 32828 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: KRAIG RUSSELL

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	HINES, OLIVIA JUNE	
Address:	6112 NW DAROCO TERRACE	
City-St-Zip:	PORT ST. LUCIE, FL 34986	
Title:	MGRM	( ) Delete
Name:	RUSSELL, KOREY D.A.	
Address:	6112 NW DAROCO TERRACE	
City-St-Zip:	PORT ST. LUCIE, FL 34986	
Title:	MGRM	( ) Delete
Name:	RUSSELL, KRAIG E.O.	
Address:	6112 NW DAROCO TERRACE	
City-St-Zip:	PORT ST. LUCIE, FL 34986	
Title:	MGRM	( ) Delete
Name:	BURCHELL, LAROL S	
Address:	6112 NW DAROCO TERRACE	
City-St-Zip:	PORT ST. LUCIE, FL 34986	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KRAIG RUSSELL MR 10/14/2009

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