

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000114689

FILED
Feb 07, 2009
Secretary of State

Entity Name: ADAM'S SEPTIC AND ENVIRONMENTAL, LLC.

Current Principal Place of Business:

322 MONIKA PLACE
SAINT AUGUSTINE, FL 32080 US

New Principal Place of Business:

520 FLORIDA CLUB BLVD
#311
SAINT AUGUSTINE, FL 32084 US

Current Mailing Address:

322 MONIKA PLACE
SAINT AUGUSTINE, FL 32080 US

New Mailing Address:

4225 A1A SOUTH
SUITE 1 PMB 111
SAINT AUGUSTINE, FL 32080 US

FEI Number: 33-1194066 **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:

MITCHELL, ADAM
322 MONIKA PLACE
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MITCHELL, ADAM
520 FLORIDA CLUB BLVD
#311
SAINT AUGUSTINE, FL 32084 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: ADAM MITCHELL

02/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MITCHELL, ADAM
Address: 322 MONIKA PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MITCHELL, ADAM
Address: 520 FLORIDA CLUB BLVD #311
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

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: ADAM MITCHELL

MGRM

02/07/2009

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