

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000025584

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** UNITED RESOURCE SERVICES LLC

**Current Principal Place of Business:**

12888 GORDA CIRCLE WEST  
LARGO, FL 33773 US

**New Principal Place of Business:**

2643 GULF TO BAY BLVD  
SUITE #1560 PMB 248  
CLEARWATER, FL 33759 US

**Current Mailing Address:**

12888 GORDA CIRCLE WEST  
LARGO, FL 33773 US

**New Mailing Address:**

2643 GULF TO BAY BLVD  
SUITE #1560 PMB 248  
CLEARWATER, FL 33759 US

FEI Number: 26-2325294      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:**

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

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 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: DENNIS FORTIER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FORTIER, DENNIS B  
Address: 2643 GULF TO BAY BLVD STE #1560  
City-St-Zip: CLEARWATER, FL 33759 US

Title: MGR  
Name: WADE, NATHAN T  
Address: 2643 GULF TO BAY BLVD STE #1560  
City-St-Zip: CLEARWATER, FL 33759 US

Title: MGR  
Name: DEMARE, MICHAEL G  
Address: 2643 GULF TO BAY BLVD STE #1560  
City-St-Zip: CLEARWATER, FL 33759 US

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: DENNIS FORTIER

MGR

04/27/2010

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