

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000029038

Entity Name: S&P SERVICES, L.L.C.

FILED
Oct 24, 2009
Secretary of State

Current Principal Place of Business:

4535 BLOUNT AVE.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14168
JACKSONVILLE, FL 32238

New Mailing Address:

FEI Number: 41-2274174 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:

Name and Address of New Registered Agent:

COBB, STEPHEN
4535 BLOUNT AVE.
JACKSONVILLE, FL 32210 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: STEPHEN COBB

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COBB, STEPHEN
Address: 4535 BLOUNT AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: LIMBAUGH, PHILLIP
Address: 863 YELLOW WATER RD.
City-St-Zip: JACKSONVILLE, FL 32234

Title: MGRM () Delete
Name: COBB, CHRISTY
Address: 4535 BLOUNT AVE.
City-St-Zip: JACKSONVILLE, FL 32210

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:

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: STEPHEN COBB

MGRM

10/24/2009

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