

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000037789

FILED
Dec 02, 2009
Secretary of State

Entity Name: AMERICAN GREASE SOLUTIONS,LLC

Current Principal Place of Business:

7064 SAMPEY ROAD
GROVELAND, FL 34736 US

New Principal Place of Business:

Current Mailing Address:

7064 SAMPEY ROAD
GROVELAND, FL 34736 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

MURPHY, MICHAEL T
12112 PHILLIPS RD
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

THE LAW OFFICE OF VIK PARTI, P.A.
7380 SAND LAKE ROAD SUITE 500
ORLANDO, FL 32819 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: VIK PARTI

12/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MURPHY, MICHAEL T
Address: 12112 PHILLIPS RD
City-St-Zip: GROVELAND, FL 34736 US

Title: MGRM (X) Delete
Name: DUNDORE, DWAYNE
Address: 11522 AUDUBOND LANE
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GLEASON, TOM
Address: 7064 SAMPEY ROAD
City-St-Zip: GROVELAND, FL 34736 US

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: TOM GLEASON

MNGR

12/02/2009

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