

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000043967

FILED
Oct 08, 2009
Secretary of State

Entity Name: ECO SAFE CHEMICALS, LLC

Current Principal Place of Business:

708 SWEETBRIER DRIVE
OLDSMAR, FL 34677 US

New Principal Place of Business:

708 SWEETBRIAR DRIVE
OLDSMAR, FL 34677 US

Current Mailing Address:

708 SWEETBRIER DRIVE
OLDSMAR, FL 34677 US

New Mailing Address:

708 SWEETBRIAR DRIVE
OLDSMAR, FL 34677 US

FEI Number: 26-2531420 **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:

RUOSS, DOUGLAS
708 SWEETBRIER DRIVE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

RUOSS, DOUGLAS
708 SWEETBRIAR DRIVE
OLDSMAR, FL 34677 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: DOUGLAS RUOSS

10/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUOSS, ROBERTA
Address: 708 SWEETBRIAR DRIVE
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGRM () Delete
Name: RUOSS, DOUGLAS
Address: 708 SWEETBRIER DRIVE
City-St-Zip: OLDSMAR, FL 34677 US

ADDITIONS/CHANGES:

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: DOUGLAS RUOSS

MGRM

10/08/2009

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