

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000050652

**FILED**  
**Dec 02, 2009**  
**Secretary of State**

**Entity Name:** FORM FILING AND REFERRAL SERVICE LLC

**Current Principal Place of Business:**

2308 E. LIBERTY ST.  
TAMPA, FL 33612

**New Principal Place of Business:**

709 S. MARYLAND AVE  
PLANT CITY, FL 33563

**Current Mailing Address:**

2308 E. LIBERTY ST.  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 26-2643452      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:**

MORALES, ELIZABETH  
2308 E. LIBERTY ST.  
TAMPA, FL 33612      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: ELIZABETH MORALES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ELIZABETH, MORALES  
Address: 2308 E. LIBERTY ST.  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES:**

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: ELIZABETH MORALES

OWNE

12/02/2009

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