

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000058942

Entity Name: OAC MAINTENANCE, LLC

FILED  
Nov 02, 2009  
Secretary of State

## Current Principal Place of Business:

6500 LAKE GRAY BLVD  
SUITE 112  
JACKSONVILLE, FL 32244

## New Principal Place of Business:

2564 MINOSA CIRCLE NORTH  
JACKSONVILLE, FL 32209

## Current Mailing Address:

6500 LAKE GRAY BLVD  
SUITE 112  
JACKSONVILLE, FL 32244

## New Mailing Address:

PO BOX 9147  
JACKSONVILLE, FL 32208

FEI Number: 26-2789212      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:

CALDWELL, ORION A  
6500 LAKE GRAY BLVD  
SUITE 112  
JACKSONVILLE, FL 32244 US

## Name and Address of New Registered Agent:

CALDWELL, ORION A  
2564 MINOSA CIRCLE NORTH  
JACKSONVILLE, FL 32209 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: ORION A CALDWELL

11/02/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: OWNE ( ) Change (X) Addition  
Name: CALDWELL, ORION A  
Address: 2564 MINOSA CIRCLE NORTH  
City-St-Zip: JACKSONVILLE, FL 32209

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: ORION A. CALDWELL

OWNE

11/02/2009

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