

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Dec 14, 2009  
Secretary of State**

DOCUMENT# L08000067914

Entity Name: NELSON HOME SERVICES LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

721 JOEL BLVD.  
SUITE A  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

**New Mailing Address:**

721 JOEL BLVD.  
SUITE A  
LEHIGH ACRES, FL 33936

FEI Number:                      FEI Number Applied For (X)                      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:**

NELSON, TROY  
721 JOEL BLVD.  
SUITE A  
LEHIGH ACRES, FL 33936 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: TROY NELSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: NELSON, TROY  
Address: 721 JOEL BLVD., SUITE A  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: NELSON, RICHARD  
Address: 135 WEST LAKE DRIVE  
City-St-Zip: LEHIGH ACRES, FL 33936

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: TROY A NELSON

MR

12/14/2009

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