

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000071800

**FILED**  
**Oct 07, 2009**  
**Secretary of State**

**Entity Name:** T&J EXTREME CLEANING SERVICE, LLC

**Current Principal Place of Business:**

8604 CHICORY CT  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

8604 CHICORY CT  
ORLANDO, FL 32825 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
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:**

LOVIN-TERRELL, TARA  
8604 CHICORY CT  
ORLANDO, FL 32825 US

**Name and Address of New Registered Agent:**

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: TARA LOVIN-TERRELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TERRELL, JIMMY  
Address: 4624 DAROOD DR  
City-St-Zip: ORLANDO, FL 32825 US

Title: MGRM (X) Delete  
Name: LOVIN-TERRELL, TARA  
Address: 8604 CHICORY CT  
City-St-Zip: ORLANDO, FL 32825 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOVIN-TERRELL, TARA  
Address: 8604 CHICORY CT  
City-St-Zip: ORLANDO, FL 32825 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: TARA LOVIN-TERRELL

MGR

10/07/2009

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