

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000074265

Entity Name: CLS RENTALS, LLC

FILED  
Oct 21, 2009  
Secretary of State

**Current Principal Place of Business:**

6101 ML KING STREET SOUTH  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

6101 ML KING STREET SOUTH  
ST. PETERSBURG, FL 33705

**New Mailing Address:**

FEI Number: 80-0230902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

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

BACON, DAVID A  
2959 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33713      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: JOHN J CELONA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: CELONA, JOHN J MGRM  
Address: 13109 HARRIERS PLACE  
City-St-Zip: BRADENTON, FL 34212

Title: MGR ( ) Change (X) Addition  
Name: LUCAS, JON A MGR  
Address: 220 43RD AVE SE  
City-St-Zip: ST PETERSBURG, FL 33705

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: JOHN J CELONA

MGRM

10/21/2009

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