

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000080890

FILED
Nov 08, 2009
Secretary of State

Entity Name: ESSENTIAL FINANCIAL SERVICES, LLC

Current Principal Place of Business:

8741 NW 57TH ST
TAMARAC, FL 33351

New Principal Place of Business:

Current Mailing Address:

8741 NW 57TH ST
TAMARAC, FL 33351

New Mailing Address:

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:

ESSENTIAL BUSINESS SERVICES, INC
8741 NW 57TH ST
TAMARAC, FL 33351 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: JANET PHILLIPS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHILLIPS, BARBARA J
Address: 8741 NW 57TH ST
City-St-Zip: TAMARAC, FL 33351

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

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

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: PHILLIPS, JANET F
Address: 8741 NW 57TH ST
City-St-Zip: TAMARAC, FL 33351

Title: MGRM () Change (X) Addition
Name: BIRNHAK, LAUREN A
Address: 8741 NW 57TH ST
City-St-Zip: TAMARAC, FL 33351

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: JANET PHILLIPS

MGRM

11/08/2009

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