

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000081160

**FILED**  
**Oct 19, 2009**  
**Secretary of State**

**Entity Name:** DEDICATED SERVICES ENTERPRISE LLC

**Current Principal Place of Business:**

6640 PIER PONT DR  
LAKEWORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

6640 PIER PONT DR  
LAKEWORTH, FL 33467 US

**New Mailing Address:**

**FEI Number:** 30-0500828      **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:**

EBANKS, ANNMARIE M  
6640 PIER PONT DR  
LAKE WORTH, FL 33467 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:** ANNMARIE EBANKS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** EBANKS, ANNMARIE M  
**Address:** 6640 PIER PONT DR  
**City-St-Zip:** LAKEWORTH, FL 33467 US

**ADDITIONS/CHANGES:**

**Title:** PRES      (X) Change ( ) Addition  
**Name:** EBANKS, ANNMARIE M  
**Address:** 6640 PIER PONT DR  
**City-St-Zip:** LAKEWORTH, FL 33467 US

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:** ANNMARIE EBANKS

PRES

10/19/2009

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