

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000096103

Entity Name: ACR SERVICES, LLC

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8728 MAJOR BOULEVARD, SUITE 502  
ORLANDO, FL 32809

**New Principal Place of Business:**

5728 MAJOR BOULEVARD, SUITE 502  
ORLANDO, FL 32819

**Current Mailing Address:**

8728 MAJOR BOULEVARD, SUITE 502  
ORLANDO, FL 32809

**New Mailing Address:**

5728 MAJOR BOULEVARD, SUITE 502  
ORLANDO, FL 32819

FEI Number: 36-4641339      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:**

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE STE A  
TALLAHASSEE, FL 32301      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: CATHY BRAND

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CAPLAN, BARRY J  
Address: 400 E ROYAL LANE STE 290  
City-St-Zip: LAS COLINAS, TX 75039

Title: MGR  
Name: LAHOOD, MARK S  
Address: 400 E ROYAL LANE STE 290  
City-St-Zip: LAS COLINAS, TX 75039

Title: MGR  
Name: BAKER, J TOM  
Address: 400 E ROYAL LANE STE 290  
City-St-Zip: LAS COLINAS, TX 75039

I hereby 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: BARRY CAPLAN

\_\_\_\_\_  
MBR

\_\_\_\_\_  
04/07/2010

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