

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000096538

**FILED**  
**Oct 12, 2009**  
**Secretary of State**

**Entity Name:** 3D MANPOWER DELIVERY SERVICE LLC

**Current Principal Place of Business:**

6281 MISSON DRIVE  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

6281 MISSON DRIVE  
ORLANDO, FL 32810

**New Mailing Address:**

**FEI Number:** 26-3526610      **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:**

GRAHAM, DEVON  
6281 MISSON DRIVE  
ORLANDO, FL 32810      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:** DEVON GRAHAM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** GRAHAM, DEVON  
**Address:** 6281 MISSON DRIVE  
**City-St-Zip:** ORLANDO, FL 32810

**ADDITIONS/CHANGES:**

**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:** DEVON GRAHAM

MR

10/12/2009

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