

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000114875

**FILED**  
**Nov 02, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA.S.P.SERVICES,LLC

**Current Principal Place of Business:**

175 E. MITCHELL AVE.  
SANTA ROSA BCH., FL 32459

**New Principal Place of Business:**

601 TROPICAL WAY  
FREEPORT, FL 32439 US

**Current Mailing Address:**

175 E. MITCHELL AVE.  
SANTA ROSA BCH., FL 32459

**New Mailing Address:**

601 TROPICAL WAY  
FREEPORT, FL 32439 US

**FEI Number:** 26-3906317      **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:**

PETROV, SERGHEI  
175 E. MITCHELL AVE.  
SANTA ROSA BCH., FL 32459 US

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

PETROV, SERGHEI  
601 TROPICAL WAY  
FREEPORT, FL 32439 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: SERGHEI PETROV

11/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: PETROV, SERGHEI  
Address: 601 TROPICAL WAY  
City-St-Zip: FREEPORT, FL 32439 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: SERGHEI PETROV

MGRM

11/02/2009

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