

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000051005

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** CPR RENTAL EXPERTS, LLC

**Current Principal Place of Business:**

239 LONGVIEW AVENUE  
SUITE 12215  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

239 LONGVIEW AVENUE  
SUITE 12215  
CELEBRATION, FL 34747 US

**New Mailing Address:**

**FEI Number:** 27-0281984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

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

GILLESPIE, STEVEN S  
239 LONGVIEW AVENUE  
12215  
CELEBRATION, FL 34747 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: STEVEN S. GILLESPIE

01/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GILLESPIE, STEVEN S  
Address: 239 LONGVIEW AVENUE, SUITE 12215  
City-St-Zip: CELEBRATION, FL 34747 US

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: STEVEN S. GILLESPIE

MGRM

01/12/2011

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