

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000058452

Entity Name: DC PUMP SERVICES, LLC

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

3353 GRAND VISTA CT.  
UNIT 103  
PORT CHARLOTTE, FL 33953 US

## **New Principal Place of Business:**

13320 CREEKSIDE LANE  
PORT CHARLOTTE, FL 33953 US

## **Current Mailing Address:**

3353 GRAND VISTA CT.  
UNIT 103  
PORT CHARLOTTE, FL 33953 US

## **New Mailing Address:**

13320 CREEKSIDE LANE  
PORT CHARLOTTE, FL 33953 US

FEI Number: 27-0450655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPBELL, DOUGLAS  
3353 GRAND VISTA CT.  
UNIT 103  
PORT CHARLOTTE, FL 33953 US

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

CAMPBELL, DOUGLAS  
13320 CREEKSIDE LANE  
UNIT 103  
PORT CHARLOTTE, FL 33953 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: DOUGLAS CAMPBELL

01/28/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAMPBELL, DOUGLAS  
Address: 13320 CREEKSIDE LANE  
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: MGRM  
Name: KRASNER, JOYCE  
Address: 13320 CREEKSIDE LANE  
City-St-Zip: PORT CHARLOTTE, FL 33953 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: DOUGLAS CAMPBELL

PRES

01/28/2011

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