

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000100032

**Entity Name:** NCR LABOR SOLUTIONS, LLC

**FILED**  
**Oct 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

315 SOUTH CALHOUN STREET, SUITE 600  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

315 SOUTH CALHOUN STREET, SUITE 600  
TALLAHASSEE, FL 32301

**New Mailing Address:**

P.O. BOX 4975  
PLANT CITY, FL 33563

**FEI Number:** 27-1080464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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:** MADONNA CUDDIHY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** 3 N & M, INC.  
**Address:** P.O. BOX 6729  
**City-St-Zip:** SALINAS, CA 93912

**Title:** MGRM  
**Name:** RAMIREZ, NATHAN  
**Address:** 24015 RANCHITO DEL RIO COURT  
**City-St-Zip:** SALINAS, CA 93908

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:** NATHAN RAMIREZ

MGRM

10/27/2010

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