

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000142831

**FILED**  
**Dec 10, 2013**  
**Secretary of State**

**Entity Name:** OPERATION RESCREEN, LLC.

**Current Principal Place of Business:**

1811 WEEKEND LN.  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

1811 WEEKEND LN.  
ODESSA, FL 33556 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

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

KELLEY, PAMELU  
21431 SNOWY EGRET DR.  
LUTZ, FL 33549 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: PAMELU KELLEY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JENSEN, BRANDON L  
Address: 1811 WEEKEND LN.  
City-St-Zip: ODESSA, FL 33556 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: BRANDON JENSEN

MGR

12/10/2013

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