

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000112808

**FILED**  
**Oct 09, 2013**  
**Secretary of State**

**Entity Name:** TECHNICAL SERVICE SOLUTIONS,LLC

**Current Principal Place of Business:**

365 SW LOG DRIVE  
PORT SAINT LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

365 SW LOG DRIVE  
PORT SAINT LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** 46-0687052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PISASIK, MARIE A  
365 SW LOG DRIVE  
PORT SAINT LUCIE, FL 34953 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: MARIE A PISASIK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PISASIK, MARIE A  
Address: 365 SW LOG DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 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: MARIE A PISASIK

MGRM

10/09/2013

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