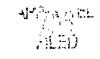
## 2015 LIMITED LIABILITY COMPANY REINSTATEMENT



DOCUMENT # L12000149367  1. Entity Name PREFERRED SERVICES PLUS, LLC					3EP 28		15	
Principal Place of Business 2905 OAKWOOD DRIVE TALLAHASSEE, FL 32304  Mailing Address 2905 OAKWOOD DRIVE TALLAHASSEE, FL 32304			** China di America	·				
Principal Place of Business - No P.O. Box #     3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				09282015	REIN-LLC	CR2E	101 (12/11)	
City & State	City & State			4. FEI Numbe	r 		<u> </u>	lied For Applicable
Zip Country	Zip			5. Certificate	of Status Desired		5.00 Addıti Fee Required	onal
6. Name and Address of Current Registered Agent				7. Name and	Address of New	Registered A	gent	
			Name					
SNELL, LARRY 2905 OAKWOOD DRIVE TALLAHASSEE, FL 32304			Street Address (P.O. Box Number is Not Acceptable)					
			City	FL Zip Code				
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed of printed haline of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50				Make check payable to Florida Department of State				
9. MANAGING MEI	MBERS/MANAGERS	10.			ADDITION	S/CHANGES		
MGR NAME SNELL, LARRY SIREET ADDRESS 2905 OAKWOOD DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32304	☐ Delete		T ADDRESS S1-ZIP				☐ Change	Addition
	[ ] Delete	TITLE					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Detecte	NAME STREE	T ADDRESS ST-ZIP	<b>4</b> ( 09/28	00277 8/15010	<b>'486</b> : 02008	_	
TITLE NAME STREET ADDRESS CITY- ST-ZiP	Delete		T ADDRESS ST-ZIP				Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete		T ADDRESS ST-ZIP		S. HAV	VKES	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREE CITY-	T ADDRESS		SEP	28 A.M.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied	Delete	CITY-	T ADORESS ST-ZIP	ın Chapter 119	EXAMI		Change	Addition

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager limited liability company or the resolver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGMING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE -- MAIL ADDRESS