

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L97000000754

Entity Name: AAA MOBILE SIGNS, L.C.

FILED  
Oct 22, 2009  
Secretary of State

**Current Principal Place of Business:**

1570 LAKEVIEW DRIVE STE 108  
# 108  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

1570 LAKEVIEW DRIVE  
# 108  
SEBRING, FL 33870

**New Mailing Address:**

FEI Number: 65-0766880      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WHITE, MARLOW  
222 W GEORGIA ST  
TALLAHASSEE, FL 32301      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: LINDA RIGGS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RIGGS, LINDA  
Address: 1570 LAKEVIEW DR STE 108  
City-St-Zip: SEBRING, FL 33870

Title: MGR      ( ) Delete  
Name: RIGGS-STOIA, PAMELA  
Address: 10401 MARBLE EGRET DR.  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LINDA RIGGS

MGP

10/22/2009

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