

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000003941

FILED
Oct 27, 2008
Secretary of State

Entity Name: US ENVIRONMENTAL PROTECTION SERVICE, LLC

Current Principal Place of Business:

3300 BATTLEGROUND AVE., SUITE 305
GRENSBORO, NC 27401

New Principal Place of Business:

3300 BATTLEGROUND AVE.
SUITE 305
GRENSBORO, NC 27410

Current Mailing Address:

3300 BATTLEGROUND AVE., SUITE 305
GRENSBORO, NC 27401

New Mailing Address:

3300 BATTLEGROUND AVE.
SUITE 305
GRENSBORO, NC 27410

FEI Number: 81-0605264 **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:

TUCKER, J. KENDRICK ESQ.
C/O HUEY, GUILDAY, ET AL
1983 CENTRE POINTE BLVD., SUITE 200
TALLAHASSEE, FL 323172500 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: J. KENDRICK TUCKER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLEN, JOHN
Address: 3300 BATTLEGROUND AVE., SUITE 305
City-St-Zip: GRENSBORO, NC 27401

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALLEN, JOHN
Address: 3300 BATTLEGROUND AVE., SUITE 305
City-St-Zip: GRENSBORO, NC 27410

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: JOHN ALLEN

MGR

10/27/2008

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