

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M06000005817

1. Limited Liability Company's Name

PRODUCTION SERVICES ASSOCIATES, LLC

300155459133
05/05/09--01037--003 **1032.50
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

485 Half Day Road

3. Mailing Office Address

750 Lake Cook Road

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 350

City & State

Buffalo Grove, IL

City & State

Buffalo Grove, IL

Zip

60089

Country

U.S.A.

Zip

60089

Country

U.S.A.

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

10/20/2006

6. FEI Number

20-5698580

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Jason Coatsworth, Asst Sec
REGISTERED AGENT MUST SIGN

Date

4/22/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Richard Biller	485 Half Day Road Suite 500	Buffalo Grove, Illinois 60089
MGRM	Gerald Biller	485 Half Day Road Suite 500	Buffalo Grove, Illinois 60089
	L. SELLERS		
	MAY - 6 2009		
	EXAMINER		

REINSTATEMENT 07/09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Richard Biller

Date 04/16/09

Daytime Phone# 847 520-9250

Typed or printed name of signing Managing Member/Manager Richard Biller