## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# M06000006903

Entity Name: AMERICAN CONTINGENCY SUPPORT & SERVICES LLC

FILED Oct 05, 2009 Secretary of State

Current Principal Place of Business:		New Principal P	New Principal Place of Business:	
	NGTON CREEK RD WILLE, FL 32258			
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
4339 JULINGTON CREEK RD JACKSONVILLE, FL 32258		376 AEW ECES APO AE, NY 093	376 AEW ECES APO AE, NY 09353	
In accordan	: 20-2696584 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the limited liability co d Address of Current Registered Agent:			
AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES, FL 34102 US		4339 JULINGTOI	LACHAPELLE, WILLIAM R MR. 4339 JULINGTON CREEK RD JACKSONVILLE, FL 32258 US	
	e named entity submits this statement for the e of Florida.	purpose of changing its regi	stered office or registered agent, or both	
SIGNATURE: WILLIAM LACHAPELLE			10/05/2009	
MANAGING	Electronic Signature of Registered A	gent Additions/Chang	Date	
Title: Name: Address: City-St-Zip:	MGRM () Delete LACHAPELLE, WILLIAM 4339 JULINGTON CREEK RD JACKSONVILLE, FL 32258	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete LACHAPELLE, JANNA 4339 JULINGTON CREEK RD JACKSONVILLE, FL 32258	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: WILLIAM LACHAPELLE MGRM 10/05/2009