

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000075648

Entity Name: LBBS EMPLOYER SERVICES, INC.

FILED  
Nov 20, 2008  
Secretary of State

## Current Principal Place of Business:

206 CROSS STREET  
SUITE 2A  
PUNTA GORDA, FL 33950

## Current Mailing Address:

206 CROSS STREET  
PUNTA GORDA, FL 33950

## New Principal Place of Business:

25166 MARION AVE  
#113  
PUNTA GORDA, FL 33950

## New Mailing Address:

25166 MARION AVE  
#113  
PUNTA GORDA, FL 33950

FEI Number: 20-2954503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEFRANCOIS, ANDREA  
206 CROSS STREET SUITE 2A  
PUNTA GORDA, FL 33950 US

## Name and Address of New Registered Agent:

LEFRANCOIS, ANDREA  
25166 MARION AVE  
#113  
PUNTA GORDA, FL 33950 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: ANDREA LEFRANCOIS

11/20/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BENNETT, LARRY  
Address: 3745 TAMiami TRAIL  
City-St-Zip: PT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: SMITH, BRUCE  
Address: 3745 TAMiami TRAIL  
City-St-Zip: PT CHARLOTTE, FL 33952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA LEFRANCOIS

A

11/20/2008

Electronic Signature of Signing Officer or Director

Date