

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000065548

Entity Name: LLL SERVICES, INC.

**FILED**  
**Jan 27, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

5724 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

5724 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 26-0294008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LLESHI, LEK  
5724 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32207 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: LEK LLESHI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LLESHI, LEK  
Address: 5724 ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: LEK LLESHI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/27/2014

\_\_\_\_\_  
Date