

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000074087

**Entity Name:** L & L RECOVERY SERVICES, INC.

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

516 SOUTH DIXIE HWY WEST  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

516 SOUTH DIXIE HWY WEST  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

**FEI Number:** 65-0859071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEDFOORD, CHARLOTTE  
516 SOUTH DIXIE HWY WEST  
POMPANO BEACH, FL 33060 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:** CHARLOTTE LEDFORD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** LEDFORD, CHARLOTTE  
**Address:** 516 SOUTH DIXIE HWY WEST  
**City-St-Zip:** POMPANO BEACH, FL 33060

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:** CHARLOTTE LEDFORD

PSTD

10/03/2011

Electronic Signature of Signing Officer or Director

Date