

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000005123

**FILED**  
**Nov 16, 2004**  
**Secretary of State**

**Entity Name:** CUSTOMER MANAGEMENT SYSTEMS LLC

**Current Principal Place of Business:**

500 WEST AIRPORT BLVD., SUITE 1206  
SANFORD, FL 32773

**New Principal Place of Business:**

2499 OLD LAKE MARY RD.  
104  
SANFORD, FL 32771

**Current Mailing Address:**

500 WEST AIRPORT BLVD., SUITE 1206  
SANFORD, FL 32773

**New Mailing Address:**

2499 OLD LAKE MARY RD.  
104  
SANFORD, FL 32771

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

AGENTS AND CORPORATIONS, INC.  
773 4TH AVENUE NORTH, SUITE E  
NAPLES, FL 34102 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

**ADDITIONS/CHANGES:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      KOERNER, JAMES A OWNER  
Address:                      15 RANCH TRAIL RD.  
City-St-Zip:                      DEBARY, FL 32713 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES A KOERNER

MGRM

11/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date