

2008-03-05 17:40


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P 1/2

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000084788

1. Entity Name
COLUMBIA CONSULTANTS LLC



Principal Place of Business
1005 NE 26TH AVENUE
HALLANDALE, FL 33009

Mailing Address
1005 NE 26TH AVENUE
HALLANDALE, FL 33009

2. Principal Place of Business - No P.O. Box #
453 W 17th St.
Suite, Apt. #, etc.
3 NC
City & State
NY, NY
Zip
10011
Country
USA

3. Mailing Address
453 W 17th St.
Suite, Apt. #, etc.
3 NC
City & State
NY, NY
Zip
10011
Country
USA

FILED
08 MAR -6 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100119680791



02292008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-5633930
Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCCUE, JOHN W
1005 NE 26TH AVENUE
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent
Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Nava Street
City Tallahassee FL Zip Code 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE: 3/6/08

FILE NOW!!! FEE is \$377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SARTIANO, SCOTT 521 FIFTH AVENUE, 28TH FLOOR NEW YORK, NY 10175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2007-2008

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ DATE: 3/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SPOUSAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



CORPORATION SERVICE COMPANY

LOG 000084788

RECEIVED
08 MAR -6 PM 4:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 475339 7637646

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 377.50

ORDER DATE : March 6, 2008

ORDER TIME : 2:28 PM

ORDER NO. : 475339-005

CUSTOMER NO: 7637646

FILED
08 MAR -6 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: COLUMBIA CONSULTANTS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney - Ext# 2916

EXAMINER'S INITIALS _____