

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000097404

Entity Name: 2T CONSULTING, LLC

FILED
Sep 26, 2007
Secretary of State

Current Principal Place of Business:

5260 COLLINS ROAD
UNIT 703
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 441676
JACKSONVILLE, FL 32222

New Mailing Address:

P.O. BOX 40508
JACKSONVILLE, FL 32203

FEI Number: 39-2053978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HICKSON, TIFFANY M
623 IVY STREET
JACKSONVILLE, FL 32206 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: TIFFANY M HICKSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HICKSON, TIFFANY M
Address: 623 IVY STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: MGR () Delete
Name: TIPPINS, THERESA L
Address: 5260 COLLINS ROAD, UNIT 703
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

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 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: TIFFANY M HICKSON

MGR

09/26/2007

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