

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000111325

**FILED**  
**Sep 30, 2013**  
**Secretary of State**

**Entity Name:** I.W.F. CONSULTING SERVICES LLC

**Current Principal Place of Business:**

2689 TUSKET AVE  
NORTH PORT, FL 34286 US

**New Principal Place of Business:**

**Current Mailing Address:**

2689 TUSKET AVE  
NORTH PORT, FL 34286 US

**New Mailing Address:**

**FEI Number:** 45-3488316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORSINO, PAUL R  
2689 TUSKET AVE  
NORTH PORT, FL 34286 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: PAUL R ORSINO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ORSINO, PAUL R  
Address: 2689 TUSKET AVE  
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGRM  
Name: PETRAMALE-ORSINO, DANIELLE A  
Address: 2689 TUSKET AVE  
City-St-Zip: NORTH PORT, FL 34286 US

I hereby 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: PAUL R ORSINO

MGRM

09/30/2013

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