

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000001639

Entity Name: IT SOLUTIONS, LLC

**FILED**  
**Nov 27, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

7035 PHILIPS HWY., SUITE 9  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

7035 PHILIPS HWY., SUITE 9  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-3691767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FORD, P. CAMPBELL  
1200 RIVERPLACE BLVD., SUITE 600  
JACKSONVILLE, FL 32207 US

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

FORD, P. CAMPBELL  
1835 NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250 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: P. CAMPBELL FORD

11/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HENSHAW, EDWARD  
Address: 5551 ALDEN BRIDGE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES:**

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: EDWARD HENSHAW

MGRM

11/27/2009

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