2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 26, 2006
Secretary of State

DOCUMENT# L01000007250

Entity Name: PACESETTERS FINANCIAL SERVICES, LLC

Current Principal Place of Business:

100 E. LINTON BLVD. #211-B
DEL REY BEACH, FL 33483

New Principal Place of Business:

645 SE TANNER AVE
PORT ST LUCIE, FL 34984

Current Mailing Address:

100 E. LINTON BLVD. #211-B
DELRAY BEACH, FL 33483

New Mailing Address:

645 SE TANNER AVE
PORT ST LUCIE, FL 34984

FEI Number: 65-1101527 **FEI Number Applied For ( )** **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:

COVINGTON, SAM
100 E. LINTON BLVD. #211-B
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

COVINGTON, SAM
645 SE TANNER AVE
PORT ST LUCIE, FL 33483 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: SAM COVINGTON 09/26/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COVINGTON, SAM
Address: 100 E LINTON BLVD STE 211B
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: COVINGTON, SAM
Address: 645 SE TANNER AVE
City-St-Zip: PORT ST LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the 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: SAM COVINGTON MGRM 09/26/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date