

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000015116

FILED
Oct 22, 2009
Secretary of State

Entity Name: MCGILLIVARY CONSULTING GROUP, LLC

Current Principal Place of Business:

4501 VINELAND ROAD
SUITE 111
ORLANDO, FL 32811 US

New Principal Place of Business:

7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819 US

Current Mailing Address:

4501 VINELAND ROAD
SUITE 111
ORLANDO, FL 32811 US

New Mailing Address:

7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819 US

FEI Number: 59-3742350 **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:

MCGILLIVRAY, IAIN
4501 VINELAND ROAD
SUITE 111
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

MCGILLIVRAY, IAIN
7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819 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: IAIN MCGILLIVRAY

10/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCGILLIVRAY, IAIN
Address: 4501 VINELAND ROAD, SUITE 111
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCGILLIVRAY, IAIN
Address: 7380 SAND LAKE ROAD, SUITE 500
City-St-Zip: ORLANDO, FL 32819

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: IAIN MCGILLIVRAY

MR.

10/22/2009

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