2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000022078

Name:

Address:

City-St-Zip:

Entity Name: WORKERS COMPENSATION.COM, L.L.C.

FILED Oct 31, 2005 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
	TH WASHINGTON BLVD. FA, FL 34236	1945 17TH ST SARASOTA, FL 34234
Current Mailing Address:		New Mailing Address:
	ΓΗ WASHINGTON BLVD. ΓΑ, FL 34236	PO BOX 2432 SARASOTA, FL 34230-243
	: 60-0000516 FEI Number Applied For (ace with s. 607.193(2)(b), F.S., the limited liabil	
Name and	d Address of Current Registered Age	t: Name and Address of New Registered Agent:
2033 MAIN	K, BRUCE P ESQ. N ST., STE. 600 FA, FL 34236 US	WILSON, ROBERT H 4828 LAKESCENE PLACE SARASOTA, FL 34243 US
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both
SIGNATU	RE: ROBERT H WILSON	10/31/2005
	Electronic Signature of Registere	Agent Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:
Title: Name: Address: City-St-Zip:	MGR () Delete LANCASTER, ALEX 711 N WASHINGTON BLVD SARASOTA, FL 34236	Title: () Change () Addition Name: Address: City-St-Zip:
Title:	() Delete	Title: PRES () Change (X) Addition

Name:

Address:

City-St-Zip:

WILSON, ROBERT H

SARASOTA, FL 34243

4828 LAKESCENE PLACE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT H WILSON PRES 10/31/2005