

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000025044

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Entity Name:** OMNI PROFESSIONAL SOLUTIONS, LLC

**Current Principal Place of Business:**

4417 13TH STREET, # 179  
SAINT CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

4417 13TH STREET, # 179  
SAINT CLOUD, FL 34769 US

**New Mailing Address:**

**FEI Number:** 42-1552784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOODY, DALE L  
2800 WINGSONG LANE  
ST. CLOUD, FL 34772 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:** DALE L MOODY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MOODY, DALE L  
**Address:** 2800 WINGSONG LN  
**City-St-Zip:** SAINT CLOUD, FL 34772

**Title:** MGRM  
**Name:** HARDING, MICHAEL D  
**Address:** 246 CRYSTAL PARK RD  
**City-St-Zip:** MANITOU SPRINGS, CO 808292841

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:** DALE L MOODY

CEO

10/03/2011

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