2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000026539

Entity Name: CPA FINANCIAL ALLIANCE, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
801 WEST GRANADA BLVD. SUITE 303 ORMOND BEACH, FL 32127 US	

Current Mailing Address:	**New Mailing Address:**
801 WEST GRANADA BLVD. SUITE 303 ORMOND BEACH, FL 32127 US	

FEI Number: 16-1642378   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:	**Name and Address of New Registered Agent:**
LIGUORI, MICHAEL 801 W. GRANADA BLVD 303 ORMOND BEACH, FL 32174 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: MICHAEL LIGUORI
_____
                  Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR ( ) Delete
Name:	LIGUORI, MICHAEL
Address:	801 W GRANADA BLVD
City-St-Zip:	ORMOND BEACH, FL 32174

Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	

ADDITIONS/CHANGES:

Title:	MR. (X) Change ( ) Addition
Name:	LIGUORI, MICHAEL
Address:	801 W GRANADA BLVD
City-St-Zip:	ORMOND BEACH, FL 32174 US

Title:	MGR ( ) Change (X) Addition
Name:	LIGUORI, MICHAEL
Address:	801 W. GRANADA BLVD
City-St-Zip:	ORMOND BEACH, FL 32174

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: MICHAEL LIGUORI   MGR   10/13/2006
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date