2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# L02000027691

Entity Name: P & S CONSULTING, LLC

Current Principal Place of Business:

734 BRIARCLIFF DRIVE
ORANGE CITY, FL 32763

New Principal Place of Business:

108 CAPTAINS COVE CIR
DEBARY, FL 32713

Current Mailing Address:

734 BRIARCLIFF DRIVE
ORANGE CITY, FL 32763

New Mailing Address:

1707 RIDGE HILL AVE
INDIANAPOLIS, IN 46217

FEI Number: 56-2298570 **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:

BEIDELSCHIES, STEPHEN A
734 BRIARCLIFF DRIVE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

BEIDELSCHIES, STEPHEN A
108 CAPTAINS COVE CIR
DEBARY, FL 32713 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: STEPHEN A BEIDELSCHIES 01/12/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: BEIDELSCHIES, STEPHEN A
Address: 734 BRIARCLIFF DRIVE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BEIDELSCHIES, STEPHEN A
Address: 108 CAPTAINS COVE CIR
City-St-Zip: DEBARY, FL 32713

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: STEPHEN A BEIDELSCHIES MGR 01/12/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date