2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 09, 2005
Secretary of State

DOCUMENT# L02000032369

Entity Name: INFORMATION RISK GROUP, LLC

Current Principal Place of Business:

12021 SW 15TH STREET
PEMBROKE PINES, FL 33025

New Principal Place of Business:

3220 HENDERSON BLVD
TAMPA, FL 33609

Current Mailing Address:

12021 SW 15TH STREET
PEMBROKE PINES, FL 33025

New Mailing Address:

3220 HENDERSON BLVD
TAMPA, FL 33609

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

ACKER, SHAWN T
12021 SW 15TH STREET
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

ACKER, SHAWN T
4641 HIDDEN SHADOW DRIVE
TAMPA, FL 33614 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: SHAWN T. L. ACKER 04/09/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

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

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: ACKER, SHAWN T
Address: 4641 HIDDEN SHADOW DRIVE
City-St-Zip: TAMPA, FL 33614

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: SHAWN T. L. ACKER CIO 04/09/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date