

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000033050

FILED
Feb 15, 2007
Secretary of State

Entity Name: GREEN LAKE CONSULTING GROUP, LLC

Current Principal Place of Business:

2400 E. LAS OLAS BLVD
253
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

2400 E. LAS OLAS BLVD
253
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 36-4513024 **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:

LAKE, KAREN A
616 N PARK ROAD
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

GREEN, VICTOR M
616 N PARK ROAD
HOLLYWOOD, FL 33021 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: VICTOR GREEN

02/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREEN, VICTOR
Address: 2400 E LAS OLAS BLVD #253
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: LAKE, KAREN
Address: 2400 E LAS OLAS BLVD #253
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VICTOR GREEN

MGRM

02/15/2007

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