

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000034202

**FILED**  
**Sep 21, 2006**  
**Secretary of State**

**Entity Name:** WORKERS' COMP. SOLUTIONS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

318 INDIAN TRACE  
#110  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

318 INDIAN TRACE  
#110  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 22-3889153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEDER, NATHAN I  
1330 SE 4TH AVENUE  
SUITE G  
FT. LAUDERDALE, FL 33316 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: DAREN HOWARD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOWARD, DAREN K  
Address: 318 INDIAN TRACE #110  
City-St-Zip: FORT LAUDERDALE, FL 33327

Title: MGRM ( ) Delete  
Name: HOWARD, CYNTHIA K  
Address: 318 INDIAN TRACE #110  
City-St-Zip: FL, FL 33327

**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: DAREN HOWARD

MGRM

09/21/2006

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