

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000000065

FILED
Nov 21, 2005
Secretary of State

Entity Name: ADVOCACY CONSULTING LLC

Current Principal Place of Business:

2411 GALLERY VIEW DRIVE
#8
WINTER PARK, FL 32792 US

New Principal Place of Business:

375 SYLVAN DRIVE
WINTER PARK, FL 32789 US

Current Mailing Address:

2411 GALLERY VIEW DRIVE
#8
WINTER PARK, FL 32792 US

New Mailing Address:

375 SYLVAN DRIVE
WINTER PARK, FL 32789 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MILLER, NORA H ESQ
255 SOUTH ORANGE AVENUE
1700
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

MILLER, NORA H ESQ
420 SOUTH ORANGE AVENUE
CNL II TOWER
ORLANDO, FL 32801 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: NORA H. MILLER

11/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARDY, LYNN
Address: 2411 GALLERY VIEW DRIVE, #8
City-St-Zip: WINTER PARK, FL 32792 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILLER, MICHAEL J
Address: 375 SYLVAN DRIVE
City-St-Zip: WINTER PARK, FL 32789 US

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: MICHAEL J. MILLER

MGRM

11/21/2005

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