

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000004301

**FILED**  
**Jul 19, 2012**  
**Secretary of State**

**Entity Name:** BOTTOMLINE SOLUTIONS LLC

**Current Principal Place of Business:**

1508 NW 24TH PL  
CAPE CORAL, FL 33993

**New Principal Place of Business:**

1749 NE 10TH TER  
4  
CAPE CORAL, FL 33909

**Current Mailing Address:**

1508 NW 24TH PL  
CAPE CORAL, FL 33993

**New Mailing Address:**

1749 NE 10TH TER  
4  
CAPE CORAL, FL 33909

**FEI Number:** 59-3765676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACGREGOR, MICHAEL J  
1508 NW 24TH PL  
CAPE CORAL, FL 33993 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:** MICHAEL J. MACGREGOR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MACGREGOR, MICHAEL J OWNER  
**Address:** 1508 NW 24TH PL  
**City-St-Zip:** CAPE CORAL, FL 33993 US

**Title:** MGR  
**Name:** MACGREGOR, DIANE M OWNER  
**Address:** 1508 NW 24TH PL  
**City-St-Zip:** CAPE CORAL, FL 33993 US

I hereby 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. MACGREGOR

MGR

07/19/2012

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