

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000006898

Entity Name: AML CONSULTING, LLC

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

465 FIFTH STREET SOUTH  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

465 FIFTH STREET SOUTH  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 11-3679993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANG-LUBOVICH, ANDREA  
465 FIFTH STREET  
SAFETY HARBOR, FL 34695 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: ANDREA LANG-LUBOVICH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LANG-LUBOVICH, ANDREA  
Address: 465 FIFTH STREET  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM  
Name: LUBOVICH, MICHAEL  
Address: 465 FIFTH STREET  
City-St-Zip: SAFETY HARBOR, FL 34695

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: ANDREA LANG-LUBOVICH

MGRM

10/04/2010

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