

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000009151

**FILED**  
**Oct 10, 2007**  
**Secretary of State**

**Entity Name:** MARKETING SOLUTIONS INTL., LLC

**Current Principal Place of Business:**

14245 7TH STREET  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

9526-B2 ARGYLE FOREST BLVD 207  
JACKSONVILLE, FL 32222 US

**Current Mailing Address:**

14245 7TH STREET  
DADE CITY, FL 33523 US

**New Mailing Address:**

9526-B2 ARGYLE FOREST BLVD 207  
JACKSONVILLE, FL 32222 US

**FEI Number:** 11-3680183 **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:**

BURDICK, SANDRA L  
32124 TRILBY ROAD  
DADE CITY, FL 33523 US

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

BURDICK, SANDRA L  
9526-B2 ARGYLE FOREST BLVD 207  
JACKSONVILLE, FL 32222 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: SANDRA L BURDICK

10/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BURDICK, SANDRA L  
Address: 32124 TRILBY ROAD  
City-St-Zip: DADE CITY, FL 33523 US

Title: MGR ( ) Delete  
Name: DOUGLAS, KATHY G  
Address: 15 HICKORY LANE  
City-St-Zip: NAUVOO, IL 60354 US

Title: MGR ( ) Delete  
Name: DOUGLAS, RANDY C  
Address: 15 HICKORY LANE  
City-St-Zip: NAUVOO, IL 60354 US

Title: MGR ( ) Delete  
Name: JUHLIN, JON C  
Address: 78490 MONTEGO BAY CR  
City-St-Zip: BERMUDA DUNES, CA 92656 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BURDICK, SANDRA L  
Address: 724 CHESTWOOD CHASE DR  
City-St-Zip: ORANGE PARK, FL 32065 US

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

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 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: SANDRA L BURDICK

MGR

10/10/2007

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