2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# L03000018570

Entity Name: SOLUTION DYNAMICS, LLC

Current Principal Place of Business:

19110 CENTRE ROSE BLVD.
LUTZ, FL 33558 US

New Principal Place of Business:

19804 WELLINGTON MANOR BLVD.
LUTZ, FL 33549 US

Current Mailing Address:

19110 CENTRE ROSE BLVD.
LUTZ, FL 33558 US

New Mailing Address:

19804 WELLINGTON MANOR BLVD.
LUTZ, FL 33549 US

FEI Number: 56-2301513 **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:

GIACALONE, MICHAEL A
19110 CENTRE ROSE BLVD.
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

GIACALONE, MICHAEL A
19804 WELLINGTON MANOR BLVD.
LUTZ, FL 33549 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: MICHAEL A. GIACALONE 03/17/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GIACALONE, MICHAEL A OWNER
Address: 19110 CENTRE ROSE BLVD.
City-St-Zip: LUTZ, FL 33558 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GIACALONE, MICHAEL A OWNER
Address: 19804 WELLINGTON MANOR BLVD.
City-St-Zip: LUTZ, FL 33549 US

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: MICHAEL A. GIACALONE MGR 03/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date