2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -1 AM 10:07

DOCUMENT # L03000021049

1. Entity Name
EXECUTIVE SOLUTIONS LLC

Principal Place of Business	Mailing Address
13472 Northumberland Cir. Wellington, FL 33414-8914	13472 Northumberland Cir. Wellington, FL 33414-8914

04242006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 35-2207620 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TEEPLE, WILLIAM W 1500 CORPORATE CENTER WAY, STE. 202-A WELLINGTON, FL 33434	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: William Teeple 5/3/06
Typed or printed name of registered agent and title if applicable. [NOTE: Registered agent signature required when reinstating] Date

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TEEPLE, WILLIAM W 13472 NORTHUMBERLAND CL WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LU, DORA 13472 NORTHUMBERLAND CL WEST PALM BEACH, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AMSTARD, MICHEL 7668 ARGLIA WAY LARGO, FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Amblard Michel 540 Gulf Blvd #2104 Clearwater FL 33767
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SPROUSE, JENNIFER 4864 PENINSULA POINTE DR. HERMITAGE, TN 37076	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300075215 Check ☐ Cash 05/25/06--01004--019 **100.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAMOS, NITZA 4841 NW 20TH PLACE COCONUT GROVE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 05-06
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 605, Florida Statutes.

SIGNATURE: William Teeple 5/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Telephone #