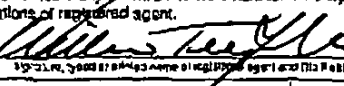
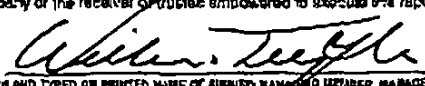


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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 1 13472 Northumberland Cir. Wellington, FL 33414-8914			Mailing Address 13472 Northumberland Cir. Wellington, FL 33414-8914		
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 		DATE 5/3/06		NOTE: Registered agent signature required when reinstating.	
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	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TEEPLE, WILLIAM W		NAME		
STREET ADDRESS	13472 NORTHUMBERLAND CL		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LU, DORA		NAME		
STREET ADDRESS	13472 NORTHUMBERLAND CL		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	AMSTARD, MICHEL		NAME	Amstard, Michel	
STREET ADDRESS	7668 ARGIA WAY		STREET ADDRESS	1540 GOLF BLVD #2104	
CITY-ST-ZIP	LARGO, FL 33077		CITY-ST-ZIP	Clearwater FL 33767	
TITLE	P	☒ Delete	TITLE	300075210001	☐ Addition
NAME	SPROUSE, JENNIFER		NAME	05/25/06--01004--019	**100.00
STREET ADDRESS	4884 PENINSULA POINTE DR.		STREET ADDRESS		
CITY-ST-ZIP	HERMITAGE, TN 37076		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	REINSTATEMENT	☐ Change
NAME	RAMOS, NITZA		NAME	05-06	☐ Addition
STREET ADDRESS	4841 NW 20TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33063		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change
NAME			NAME		☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 608, Florida Statutes.					
SIGNATURE: 		DATE 5/3/06		SIGNATURE OF	