

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000025257

**FILED**  
**Jan 17, 2007**  
**Secretary of State**

**Entity Name:** VALUATION CONCEPTS LLC

**Current Principal Place of Business:**

6065 PARKLAND BLVD.  
MAYFIELD HEIGHTS, OH 44124

**New Principal Place of Business:**

**Current Mailing Address:**

6065 PARKLAND BLVD.  
MAYFIELD HEIGHTS, OH 44124

**New Mailing Address:**

**FEI Number:** 02-0743280      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

GOLD, STEVE  
21591 VILLA NOVA DRIVE  
BOCA RATON, FL 33433 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: STEVE GOLD

01/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** WORLDWIDE OUTSOURCED, SOLUTIONS, LL C  
**Address:** 6065 PARKLAND BLVD.  
**City-St-Zip:** MAYFIELD HEIGHTS, OH 44124

**ADDITIONS/CHANGES:**

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

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: EDWARD J. DAVIDSON

MGR

01/17/2007

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