


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 MAY 16 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000027811	
1. Entity Name ECS, LLC	

Principal Place of Business % STEVEN A. SCIARETTA, P.A. 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431	Mailing Address % STEVEN A. SCIARETTA, P.A. 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



04222005 REIN-LLC CR2E101 (6/04)

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SCIARETTA, STEVEN A % STEVEN A. SCIARETTA, P.A. 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCIARETTA, STEVEN A % 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500054687105 05/17/05--01065--015 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 04-05

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: _____ Daytime Phone # _____
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