

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000036972

FILED
Oct 27, 2004
Secretary of State

Entity Name: EDGE DIVERSIFIED SERVICES, LLC

Current Principal Place of Business:

423 S. KELLER ROAD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

423 S. KELLER ROAD
ORLANDO, FL 32810

New Mailing Address:

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

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SCOTT, RAYMOND L
Address: 423 S. KELLER ROAD
City-St-Zip: ORLANDO, FL 32810

Title: MGR () Delete
Name: LACEY, ROBERT B
Address: 423 S. KELLER ROAD
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), 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: ROBERT LACEY

MR.

10/27/2004

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