

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000016707

Entity Name: MAX CONSULTING, LLC

FILED  
Oct 05, 2007  
Secretary of State

**Current Principal Place of Business:**

7069 SW 69TH LOOP  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

**Current Mailing Address:**

7069 SW 69TH LOOP  
LAKE BUTLER, FL 32054

**New Mailing Address:**

FEI Number: 22-3899459      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:**

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

GREENE, SHEILA D  
5114 NW 64TH LANE  
GAINESVILLE, FL 32653      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: WILLIAM JAMES L. MCDANIEL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCDANIEL, WILLIAM JAMES L  
Address: 7069 SW 69TH LOOP  
City-St-Zip: LAKE BUTLER, FL 32054

Title: MGRM ( ) Delete  
Name: GREENE, SHEILA D  
Address: 5114 NW 64TH LANE  
City-St-Zip: GAINESVILLE, FL 32653

**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 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: WILLIAM JAMES L. MCDANIEL

MGRM

10/05/2007

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