


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000046292		
1. Entity Name XCHANGE SOLUTIONS, L.L.C.		

**FILED**

2007 JUN 21 P 4: 03

SECRETARY OF STATE  
TALLAHASSEE



Principal Place of Business 12428 SAN JOSE BLVD. SUITE 2 JACKSONVILLE, FL 32223	Mailing Address 12428 SAN JOSE BLVD. SUITE 2 JACKSONVILLE, FL 32223
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2. Principal Place of Business - No P.O. Box # 1528 STOCKTON ST	3. Mailing Address 1528 STOCKTON ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03212007 REIN-LLC CR2E101 (1/07)

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32204	Country DUVAL
Zip 32204	Country DUVAL

4. FEI Number 54-2154728	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HELWIG, GRIFFIN 12428 SAN JOSE BLVD. SUITE 2 JACKSONVILLE, FL 32223	
7. Name and Address of New Registered Agent Name: <i>Griffin Helwig</i> Street Address (P.O. Box Number is Not Acceptable): 1528 STOCKTON ST City: JACKSONVILLE FL Zip Code: 32204	

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!! FEE IS \$100.00</b>	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TODD, PATRICIA H 12428 SAN JOSE BLVD, SUITE 2 JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1528 STOCKTON ST JACKSONVILLE FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100104889981 06/26/07--01049--024 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Patricia Todd</i>	Date: 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	