

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000047999

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: MOMENTUS CONSULTING, LLC

**Current Principal Place of Business:**

48 JACKSON AVENUE  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

48 JACKSON AVENUE  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

FEI Number: 20-4667710      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

PERSONS, ROBERT B JR.  
2215 SOUTH THIRD STREET  
#101  
JACKSONVILLE BEACH, FL 32250 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: ROBERT PERSONS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MACE, DARREN  
Address: 48 JACKSON AVENUE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM ( ) Delete  
Name: NOVER, PHILLIP A  
Address: 7990 BAYMEADOWS DRIVE EAST #825  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM (X) Delete  
Name: ANDERSON, LIZA  
Address: 44 PONTE VEDRA COLONY CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES:**

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

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: DARREN MACE

MGRM

01/26/2009

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