

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000051137

**FILED**  
**Aug 13, 2010**  
**Secretary of State**

**Entity Name:** FINANCIAL SERVICES OF PALM COAST LLC

**Current Principal Place of Business:**

399 PALM COAST PARKWAY  
SUITE 4  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

399 PALM COAST PARKWAY  
SUITE 4  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 20-1342191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOGUIDICE, JOE  
1515 RIDGEWOOD AVE STE A  
HOLLY HILL, FL 32117 US

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

BUSINESS CONTROL SERVICES, INC.  
3925 S. NOVA ROAD  
PORT ORANGE, FL 32127 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: MIKE BELUS

08/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GONSALVES, EDILSON  
Address: 12 POTTERS LANE  
City-St-Zip: PALM COAST, FL 32164

Title: MGR  
Name: DE AQUINO, WALMIR  
Address: 5 POPPY LN  
City-St-Zip: PALM COAST, FL 32164

Title: T  
Name: DE AQUINO, KELLY  
Address: 5 POPPY LN  
City-St-Zip: PALM COAST, FL 32164

Title: T  
Name: GONCALVES, SANDY  
Address: 12 POTTERS LANE  
City-St-Zip: PALM COAST, FL 32164

I hereby 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: WALMIR DE AQUINO

MGR

08/13/2010

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