

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000064337

**FILED**  
**Feb 07, 2006**  
**Secretary of State**

**Entity Name:** BROMUND CONSULTING GROUP, LLC

**Current Principal Place of Business:**

5621 SE 9TH STREET  
OCALA, FL 34471 US

**New Principal Place of Business:**

2245 SE 14TH STREET  
OCALA, FL 34471 US

**Current Mailing Address:**

5621 SE 9TH STREET  
OCALA, FL 34471 US

**New Mailing Address:**

2245 SE 14TH STREET  
OCALA, FL 34471 US

**FEI Number:** 51-0522993      **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:**

BROMUND, CURT  
5621 SE 9TH STREET  
OCALA, FL 34471 US

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

BROMUND, CURT  
2245 SE 14TH STREET  
OCALA, FL 34471 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: CURT BROMUND

02/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROMUND, CURT  
Address: 5621 SE 9TH STREET  
City-St-Zip: Ocala, FL 34471 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BROMUND, CURT  
Address: 2245 SE 14TH STREET  
City-St-Zip: Ocala, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CURT BROMUND

MGMR

02/07/2006

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