

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000067818

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Entity Name:** EXECUTIVE PARTNER SERVICES, LLC

**Current Principal Place of Business:**

4309 W. ZELAR ST.  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

4309 W. ZELAR ST.  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 05-0608929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOILAND, THOMAS JAMES  
4309 W ZELAR ST.  
TAMPA, FL 33629 US

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

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: THOMAS VOILAND

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: VOILAND, THOMAS JAMES  
Address: 4309 W. ZELAR ST.  
City-St-Zip: TAMPA, FL 33629

Title: MGRM  
Name: VOILAND, LEANNE  
Address: 4309 W. ZELAR ST.  
City-St-Zip: TAMPA, FL 33629

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: THOMAS VOILAND

MGRM

10/02/2014

Electronic Signature of Authorized Person

Date