

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000069798

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Entity Name:** APEX COMPUTER SOLUTIONS, LLC

**Current Principal Place of Business:**

12938 MALLORY CIRCLE APT 203  
ORLANDO, FL 32828

**New Principal Place of Business:**

311 EAST CHESTER STREET  
MINNEOLA, FL 34715

**Current Mailing Address:**

12938 MALLORY CIRCLE APT 203  
ORLANDO, FL 32828

**New Mailing Address:**

311 EAST CHESTER STREET  
MINNEOLA, FL 34715

**FEI Number:** 75-3168450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEST, KEVIN  
12938 MALLORY CIRCLE APT 203  
ORLANDO, FL 32828 US

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

WEST, KEVIN  
311 EAST CHESTER STREET  
MINNEOLA, FL 34715 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: KEVIN WEST

10/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WEST, KEVIN  
Address: 12938 MALLORY CIRCLE APT 203  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WEST, KEVIN  
Address: 311 EAST CHESTER STREET  
City-St-Zip: MINNEOLA, FL 34715

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: KEVIN WEST

MGR

10/05/2006

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