

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000081277

1. Entity Name
EQUITY ALLIANCE GROUP, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -9 AM 9:23

Principal Place of Business
4700 MILLENIA BLVD.
#175
ORLANDO, FL 32839 US

Mailing Address
4700 MILLENIA BLVD.
#175
ORLANDO, FL 32839 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11302005 REIN-LLC CR2E101 (6/04)

4. FEI Number

20-188857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMALL BUSINESS RESOURCES, INC.
773 S. KIRKMAN ROAD
SUITE 118
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name

John Skandamis

Street Address (P.O. Box Number is Not Acceptable)

4700 Millenia Blvd #175

City

Orlando

FL

Zip Code

32839

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Skandamis John Skandamis

11/30/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SKANDAMIS, JOHN P
STREET ADDRESS 4700 MILLENIA BLVD #175
CITY-ST-ZIP ORLANDO, FL 32839

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300062045873
12/09/05--01054--002 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

John Skandamis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/30/05

Date

407 925 2565

Daytime Phone #