

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000086330

FILED
Sep 19, 2005
Secretary of State

Entity Name: SIGNS OF INTERPRETING, LLC

Current Principal Place of Business:

2681 COBBLESTONE FOREST DRIVE
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

12203 MOOSE HOLLOW DRIVE
JACKSONVILLE, FL 32226 US

Current Mailing Address:

2681 COBBLESTONE FOREST DRIVE
JACKSONVILLE, FL 32225 US

New Mailing Address:

12203 MOOSE HOLLOW DRIVE
JACKSONVILLE, FL 32226 US

FEI Number: 83-0413198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERSON, JAMES L
2681 COBBLESTONE FOREST DRIVE
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

ROBERSON, LEN
12203 MOOSE HOLLOW DRIVE
JACKSONVILLE, FL 32226 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: LEN ROBERSON

09/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBERSON, JAMES L
Address: 2681 COBBLESTONE FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGRM () Delete
Name: SIMON, SHANNON
Address: 25 FERROL ROAD
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM () Delete
Name: DILEY, BRENDA
Address: 1228 SUMMIT OAKS DRIVE, W
City-St-Zip: JACKSONVILLE, FL 32221 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROBERSON, LEN
Address: 12203 MOOSE HOLLOW DRIVE
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEN ROBERSON

MGRM

09/19/2005

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