

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000089589

**FILED**  
**Dec 02, 2008**  
**Secretary of State**

**Entity Name:** RESORT CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

2917 SUNBITTERN COURT  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

2917 SUNBITTERN COURT  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 20-1989368      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

MARTIN, MIRTHA CPA  
420 SOUTH COUNTRY CLUB ROAD  
LAKE MARY, FL 32746 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: MIRTHA MARTIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: TOLAN, BRIAN  
Address: 2917 SUNBITTERN COURT  
City-St-Zip: WINDERMERE, FL 34786

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

Title: MGRM ( ) Delete  
Name: SCHNEIDER, RASHELLE  
Address: 2917 SUNBITTERN COURT  
City-St-Zip: WINDERMERE, FL 34786

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

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN TOLAN

MM

12/02/2008

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