

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000092799

**FILED**  
**Sep 30, 2009**  
**Secretary of State**

**Entity Name:** VNP CONSULTING SERVICES LLC

**Current Principal Place of Business:**

478 SKYLAND LN  
PORT CHARLOTTE, FL 33593 US

**New Principal Place of Business:**

**Current Mailing Address:**

478 SKYLAND LN  
PORT CHARLOTTE, FL 33593 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

POPOVICH, VIKTOR  
478 SKYLAND LANE  
PORT CHARLOTTE, FL 33953 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: POPOVICH VIKTOR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: POPOVICH, VIKTOR M  
Address: 478 SKYLAND LN  
City-St-Zip: PORT CHARLOTTE, FL 33593 US

**ADDITIONS/CHANGES:**

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: POPOVICH VIKTOR

MNGR

09/30/2009

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