

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

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

DOCUMENT# L05000001154

Entity Name: DR. ROGER L. WELTON & ASSOCIATES, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

2600 WEST NEW HAVEN AVE.  
WEST MELBOURNE, FL 32904 US

**Current Mailing Address:**

**New Mailing Address:**

1396 HILL AVE.  
MELBOURNE, FL 32940 US

FEI Number: 32-0134164      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:**

WELTON, ROGER L  
1396 HILL AVE.  
MELBOURNE, FL 32940 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: MELISSA M WELTON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: WELTON, MELISSA M  
Address: 1396 HILL AVE.  
City-St-Zip: MELBOURNE, FL 32940 US

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 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: MELISSA M WELTON

MGR

10/05/2006

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