## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000014222  1. Entity Name E & S CONSULTING, LLC				2011 2:36	
				Land of the second	
Principal Place of Business		Mailing Address			
5472 1ST COAST HWY SUITE 11		5472 1ST COAST HWY			
FERNANDINA BEACH, FL 32034 US		SUITE 11 FERNANDINA BEACH, FL 32034 US			
2. Principal Place of Business - No P.O. Box #		To her Address			1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		H TOURING THE BUILD BUILD ALEADY IN THE FOREIGN AND A STATE HEALTH AND ALEADY IN THE	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09272007 REIN-LLC CR2E101 (1/07)	
City & State		City & State		4. FEI Number APPLIED FOR 35-2239/22 Not Applied F	
Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required	300.0
	6. Name and Address of Current	Registered Agent	'	7. Name and Address of New Registered Agent	
TOMASSETTI, ARMOND JESQ. Ramed B Johnson					
406 ASH ST. Street Ac				(P.O. Baggan poper is Not Acceptable), Unit 11	
FERNANDINA BEACH, FL 32034					
_			City A	- / R / El Zip Cade_ 2 /	1.
8. The above named carring segment of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
	ione of registe ed ag-	Z D		0/20/2	0001
SIGNATURE .	Signature yped or printed name of revistered ageny	and when ambigable (NOTI	E: Registered Agent signature re	quired when reinstating) DATE	-
- 2	Sale un sypeo or printed have or refusie so agent	and the application (NOTI	E. Registered Agent signature re	danag wien (alustraturi). DVIC	
FILE NOW!!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the I liability company did not receive the prior notice					
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE NAME	MGRM JOHNSON, EDWIN B	☐ Delete	TITLE NAME	☐ Change ☐ Ad	idition
STREET ADDRESS	5472 1ST COAST HWY SUITE 1	1	STREET ADDRESS	800110182178 10/02/0701038016 **50.00	
CITY-SI-ZIP	FERNANDINA BEACH, FL 3203	<u> </u>	Criy+S1-ZiP	10/02/0701038016 **50.00	
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CITY-ST-ZIP			CITY-S1-ZIP		
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NAME			NAME	WI 55. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	<b>(</b>
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TITLE		□ Delete	TITLE	Brok 1997 History 1997 Ad San Change □ Ad	Idition
NAME		□ petite	NAME	viaigo i	
STREET ADDRESS			STREET ADDRESS		
CITY-S1-ZIP	certify that the information supplied by	this flind case not qualify to	CITY-ST-ZIP	ed in Chapter 119, Florida Statutes. I further certify that the information	
indicated on this report is true and accurate and making 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 course provided in the course provided in th					
military company of participants of the management of the manageme					
SIGNATURE:					
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylerie Phone #					
L					