2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000020528

Entity Name: LAUREL CONSULTING SERVICES, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
4571 71ST AV. NORTH PINELLAS PARK, FL 33781	

Current Mailing Address:	**New Mailing Address:**
4571 71ST AV. NORTH PINELLAS PARK, FL 33781	

FEI Number: 20-2553450   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:**
MCLEOD, PHILIP A ESQ 540-4TH STREET NORTH ST PETERSBURG, FL 33701 US	GILBERT, LINDA A 4571 71 AVE N PINELLAS PARK, FL 33781 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: LINDA GILBERT   10/09/2007

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MS ( ) Delete	Title:	MRS (X) Change ( ) Addition
Name:	SCATAMACCHIA, LINDA J	Name:	GILBERT, LINDA J
Address:	4571 71 AVE N	Address:	4571 71 AVE N
City-St-Zip:	PINELLAS PARK, FL 33781	City-St-Zip:	PINELLAS PARK, FL 33781

Title:	MR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	ROBERT, GILBERT S	Name:	
Address:	4571 71 AVE N	Address:	
City-St-Zip:	PINELLAS PARK, FL 33781	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: LINDA GILBERT   CEO   10/09/2007

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