

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000024765

FILED
Nov 08, 2006
Secretary of State

Entity Name: ONE STOP FINANCIAL WORKSHOPS RE INVESTMENT RESOURCES LLC

Current Principal Place of Business:

3123 JOHN'S PKWY
CLEARWATER, FL 33756

New Principal Place of Business:

P.O. BOX 706
REX, GA 30273

Current Mailing Address:

3123 JOHN'S PKWY
CLEARWATER, FL 33756

New Mailing Address:

P.O. BOX 706
REX, GA 30273

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ENRIGHT, MICHAEL
3123 JOHN'S PKWY
CLEARWATER, FL 33756 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: MICHAEL ENRIGHT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KELLEY, RENE
Address: 3123 JOHN'S PKWY
City-St-Zip: CLEARWATER, FL 33756

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KELLEY, RENE'
Address: P.O. BOX 706
City-St-Zip: REX, GA 30273

Title: MGRM () Change (X) Addition
Name: WRIGHT, JR., AMMIE
Address: P.O. BOX 706
City-St-Zip: REX, GA 30273 KE

Title: MGRM () Change (X) Addition
Name: THOMAS, KELLEY R
Address: P.O. BOX 706
City-St-Zip: REX, GA 30273

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: RENE' KELLEY

MGR

11/08/2006

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