2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 12, 2006
Secretary of State

DOCUMENT# L05000044986

Entity Name: CLEMONS CONSULTING GROUP LLC

Current Principal Place of Business:

644 CESERY BLVD., #270
JACKSONVILLE, FL 33211

New Principal Place of Business:

7614 FAWN LAKE DR SOUTH
JACKSONVILLE, FL 32256

Current Mailing Address:

644 CESERY BLVD., #270
JACKSONVILLE, FL 33211

New Mailing Address:

P.O.BOX 1233
ORANGE PARK, FL 32067

FEI Number: **FEI Number Applied For (X)** **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:

CLEMONS, WILL
644 CESERY BLVD., #270
JACKSONVILLE, FL 33211 US

Name and Address of New Registered Agent:

CLEMONS, WILL
7614 FAWN LAKE DR SOUTH
JACKSONVILLE, FL 32256 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: WILL CLEMONS 10/12/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CLEMONS, WILL
Address: 644 CESERY BLVD., #270
City-St-Zip: JACKSONVILLE, FL 33211

Title: MGRM ( ) Delete
Name: HAYWARD, WILLIAM
Address: 644 CESERY BLVD., #270
City-St-Zip: JACKSONVILLE, FL 33211

Title: MGRM ( ) Delete
Name: CLEMONS, LINDA
Address: 644 CESERY BLVD., #270
City-St-Zip: JACKSONVILLE, FL 33211

Title: MGRM (X) Delete
Name: DAVIS, PAUL
Address: 644 CESERY BLVD., #270
City-St-Zip: JACKSONVILLE, FL 33211

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CLEMONS, WILL
Address: P.O.BOX 1233
City-St-Zip: ORANGE PARK, FL 32067

Title: MGRM (X) Change ( ) Addition
Name: HAYWARD, WILLIAM
Address: P.O.BOX 1233
City-St-Zip: ORANGE PARK, FL 32067

Title: MGRM (X) Change ( ) Addition
Name: CLEMONS, LINDA
Address: P.O.BOX 1233
City-St-Zip: ORANGE PARK, FL 32067

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: WILL CLEMONS MGRM 10/12/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date