

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000056060

FILED
Feb 25, 2008
Secretary of State

Entity Name: VERITAS CONSULTING, LLC

Current Principal Place of Business:

5853 EIGHT POINT LAN E
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

5853 EIGHT POINT LAN E
LAKELAND, FL 33811

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

FREEBERN, SUSAN J
5853 EIGHT POINT LAN E
LAKELAND, FL 33811 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: SUSAN J. FREEBERN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: FREEBERN, AUSTIN-DOUGLAS
Address: 5853 EIGHT POINT LAN E
City-St-Zip: LAKELAND, FL 33811

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: FREEBERN, MASON
Address: 5853 EIGHT POINT LAN E
City-St-Zip: LAKELAND, FL 33811

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: FREEBERN, SUSAN J
Address: 5853 EIGHT POINT LANE
City-St-Zip: LAKELAND, FL 33811

Title: () Change () Addition
Name:
Address:
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: SUSAN J. FREEBERN

MGRM

02/25/2008

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