

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000061050

FILED
Nov 23, 2008
Secretary of State

Entity Name: WHITESTONE CONSULTING GROUP LLC

Current Principal Place of Business:

6615 MAHAN DRIVE
SUITE 104-113
TALLAHASSEE, FL 32308

New Principal Place of Business:

3154 SE THIRD STREET
OCALA, FL 34471

Current Mailing Address:

6615 MAHAN DRIVE
SUITE 104-113
TALLAHASSEE, FL 32308

New Mailing Address:

3154 SE THIRD STREET
OCALA, FL 34471

FEI Number: 20-3019857 **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:

HOLTON, DEBORAH D
6615 MAHAN DRIVE
SUITE 104-113
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

HOLTON, DEBORAH D
3154 SE THIRD STREET
OCALA, FL 34471 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: DEBORAH D HOLTON

11/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLTON, DEBORAH D
Address: 6615 MAHAN DRIVE, SUITE 104-113
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOLTON, DEBORAH D
Address: 3154 SE THIRD STREET
City-St-Zip: OCALA, FL 34471

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: DEBORAH D HOLTON

MGRM

11/23/2008

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