

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 12 AM 9:16

DOCUMENT # L05000095587 1. Entity Name PETSCHER & PETSCHER CONSULTANTS LLC																																																																																																																	
Principal Place of Business 183 MOORE DRIVE 4 TALLAHASSEE, FL 32310 US			Mailing Address 183 MOORE DRIVE 4 TALLAHASSEE, FL 32310 US																																																																																																														
2. Principal Place of Business 3008 Tipperary Dr Suite, Apt. #, etc.		3. Mailing Address 3008 Tipperary Dr Suite, Apt. #, etc.																																																																																																															
City & State Tallahassee, FL		City & State Tallahassee, FL		12102006 REIN-LLC CR2E101 (11/05) 4																																																																																																													
Zip 32309		Country USA		4. FEI Number 141938670																																																																																																													
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																															
6. Name and Address of Current Registered Agent PETSCHER, YAACOV 183 MOORE DRIVE 4 TALLAHASSEE, FL 32310			7. Name and Address of New Registered Agent Name Yaacov Petscher Street Address (P.O. Box Number is Not Acceptable) 3008 Tipperary Dr, City Tallahassee FL Zip Code 32309																																																																																																														
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 12/10/06																																																																																																													
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">Delete</td> </tr> <tr> <td></td> <td>President: Yaacov Petscher</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3008 Tipperary Dr,</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tallahassee, FL 32309</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td></td> <td>Vice President: Erin Petscher</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3008 Tipperary Dr,</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tallahassee, FL 32309</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">Delete</td> </tr> <tr> <td></td> <td>600082480436</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12/12/06--01045--012 **55.00</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete		President: Yaacov Petscher	<input type="checkbox"/>	STREET ADDRESS	3008 Tipperary Dr,		CITY-ST-ZIP	Tallahassee, FL 32309		TITLE	NAME	Delete		Vice President: Erin Petscher	<input type="checkbox"/>	STREET ADDRESS	3008 Tipperary Dr,		CITY-ST-ZIP	Tallahassee, FL 32309		TITLE	NAME	Delete			<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete			<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete			<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete		600082480436	<input type="checkbox"/>	STREET ADDRESS	12/12/06--01045--012 **55.00	<input type="checkbox"/>	CITY-ST-ZIP			TITLE	NAME	Delete			<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete			<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete			<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 12/10/06 Daytime Phone # _____																																																																																																													

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