

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000101167

**FILED**  
**Oct 29, 2006**  
**Secretary of State**

**Entity Name:** ACADEMY OF CERTIFIED FINANCIAL SPECIALISTS LLC

**Current Principal Place of Business:**

1119 SHERRINGTON ROAD  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1119 SHERRINGTON ROAD  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 20-5420077      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

BRANCHE, SUSAN D  
1119 SHERRINGTON ROAD  
ORLANDO, FL 32804 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:** CHERYL BLACKWELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** BRANCHE, SUSAN D  
**Address:** 1119 SHERRINGTON ROAD  
**City-St-Zip:** ORLANDO, FL 32804 US

**Title:** MGRM ( ) Delete  
**Name:** BLACKWELL, CHERYL  
**Address:** 2429 FORFARSHIRE ROAD  
**City-St-Zip:** WINTER PARK, FL 32792 US

**Title:** MGRM ( ) Delete  
**Name:** BLACKWELL, PETER H  
**Address:** 2429 FORFARSHIRE ROAD  
**City-St-Zip:** WINTER PARK, FL 32792 US

**ADDITIONS/CHANGES:**

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

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

**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:** CHERYL BLACKWELL

MGRM

10/29/2006

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