

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000103889 1. Entity Name WIREGRASS CONSULTING SERVICES, LLC					
Principal Place of Business 2013 LIVE OAK BOULEVARD ST CLOUD, FL 34772			Mailing Address 2013 LIVE OAK BOULEVARD ST CLOUD, FL 34772		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3832248	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLS, JAMES W JR 2013 LIVE OAK BOULEVARD ST. CLOUD, FL 34772				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		JAMES W. WELLS, JR.		DATE 11-19-07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELLS, JAMES W JR 2013 LIVE OAK BOULEVARD ST CLOUD, FL 34772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000112279640 11/14/07--01022--013 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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REINSTATEMENT					
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		JAMES W. WELLS JR.		DATE 11/13/07	
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # 407-957 9935	

FILED

2007 DEC -3 P 12:19

SECRETARY OF STATE



11062007 REIN-LLC CR2E101 (1/07)

Applied For
Not Applicable

FL Zip Code

(NOTE: Registered Agent signature required when reinstating)

DATE

Make check payable to
Florida Department of State

ADDITIONS / CHANGES

☐ Change ☐ Addition

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REINSTATEMENT

11/13/07

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