

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000109142

Entity Name: JLH CONSULTING LLC

FILED
Sep 29, 2009
Secretary of State

Current Principal Place of Business:

100 MAY PLACE
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

100 MAY PLACE
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 01-0843671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOOZKY, JOSE LUIS
100 MAY PLACE
DEBARY, FL 32713 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: JOSE LUIS HOOZKY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RODRIGUEZ, DAVID JR.
Address: 100 MAY PLACE
City-St-Zip: DEBARY, FL 32713 US

Title: MGRM () Delete
Name: MARQUEZ, DIANA E
Address: 100 MAY PLACE
City-St-Zip: DEBARY, FL 32713 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: JOHN, OGLESBY SR
Address: 100 MAY PLACE
City-St-Zip: DEBARY, FL 32713 US

Title: VP (X) Change () Addition
Name: MARQUEZ, DIANA E
Address: 100 MAY PLACE
City-St-Zip: DEBARY, FL 32713 US

Title: COO () Change (X) Addition
Name: HOOZKY, JOSE LUIS COO
Address: 100 MAY PLACE
City-St-Zip: DEBARY, FL 32713 US

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: JOSE LUIS HOOZKY

COO

09/29/2009

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