

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000112025

FILED
Oct 10, 2007
Secretary of State

Entity Name: NATIONAL TAX SERVICE, LLC

Current Principal Place of Business:

9050 PINES BLVD. SUITE 415
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

355 SW 113 WAY
SUITE 8-355
PEMBROKE PINES, FL 33026 US

Current Mailing Address:

P.O. BOX 667185
HOUSTON, FL 77266

New Mailing Address:

3730 KIRBY DRIVE
SUITE 1200 #179
HOUSTON, FL 77098

FEI Number: 20-3814510 **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:

MAHONEYBROWN INTERNATIONAL, LLC
8353 PINES BLVD
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

MAHONEYBROWN INTERNATIONAL, LLC
355 SW 113 WAY
PEMBROKE PINES, FL 33026 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: KRISTINA MAHONEY-BROWN, AS AGENT

10/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NTS FINANCIAL, LLC,
Address: 8353 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NTS FINANCIAL, LLC,
Address: 355 SW 113 WAY
City-St-Zip: PEMBROKE PINES, FL 33026 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: KRISTINA MAHONEY-BROWN, AS AGENT

MGRM

10/10/2007

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