

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000007594

**FILED**  
**Aug 29, 2011**  
**Secretary of State**

**Entity Name:** WARD CONSULTING SERVICES, L.L.C.

**Current Principal Place of Business:**

343 SOUTH LAKE JESSUP AVENUE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

343 SOUTH LAKE JESSUP AVENUE  
OVIEDO, FL 32765

**New Mailing Address:**

P. O. BOX 620187  
OVIEDO, FL 32762

**FEI Number:** 74-3158350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARD, ROBERT  
343 SOUTH LAKE JESSUP AVENUE  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

WARD, ROBERT L  
343 SOUTH LAKE JESSUP AVENUE  
OVIEDO, FL 32765 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: ROBERT L WARD

08/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WARD, ROBERT L  
Address: PO BOX 620187  
City-St-Zip: OVIEDO, FL 327620187

I hereby 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: ROBERT L. WARD

MGR

08/29/2011

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