

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000019570 1. Entity Name EBS BUSINESS SOLUTIONS, LLC					
Principal Place of Business 6912 RUNNER OAK DR. WESLEY CHAPEL, FL 33544			Mailing Address 6912 RUNNER OAK DR. WESLEY CHAPEL, FL 33544		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07082008 REIN-LLC CR2E101 (1/07)	
Zip		Country		4. FEI Number 83-0446903	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, ANDREW A SR. 16395 ENCLAVE VILLAGE DR. 16395 TAMPA FL, FL 33647			7. Name and Address of New Registered Agent Name Andrew Johnson Sr. Street Address (P.O. Box Number is Not Acceptable) 6912 Runner Oak Dr. City Wesley Chapel FL Zip Code 33544		
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 Andrew A Johnson DATE 7/10/2008 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, SYLVANA AH 6912 RUNNER OAK DR. WESLEY CHAPEL, FL 33544	☐ Change ☐ Addition 600132998746 07/16/08--01005--020 **\$277.50			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, ANDREA R 4901 EL NUEVA AVE. FT. PIERCE, FL 33946	☐ Change ☐ Addition 600132998746 07/16/08--01005--021 **\$5.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, ANDREW A SR. 6912 RUNNER OAK DR. WESLEY CHAPEL, FL 33544	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			

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: **Andrew A Johnson** DATE: **7/10/08** (833) **504-2189**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

FILED
08 JUL 14 PM 2:57
SECRETARY OF STATE
FLORIDA

