

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000036920

FILED
Dec 10, 2007
Secretary of State

Entity Name: STRATEGIC PLANNING SERVICES LLC

Current Principal Place of Business:

123 NW 13TH STREET STE 214-12
BOCA RATON, FL 33432

New Principal Place of Business:

12337 CASCADES POINTE DRIVE
BOCA RATON, FL 33432

Current Mailing Address:

123 NW 13TH STREET STE 214-12
BOCA RATON, FL 33432

New Mailing Address:

12337 CASCADES POINTE DRIVE
BOCA RATON, FL 33428

FEI Number: 20-4661212 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
12337 CASCADES POINTE DRIVE
BOCA RATON, FL 33428 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: ADAM GREEN

12/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GREEN, ADAM
Address: 123 NW 13TH STREET STE 214-12
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GREEN, ADAM
Address: 12337 CASCADES POINTE DRIVE
City-St-Zip: BOCA RATON, FL 33428

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: ADAM GREEN

MNGR

12/10/2007

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