

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000037827

FILED
Sep 25, 2007
Secretary of State

Entity Name: ACCAD SOLUTIONS SERVICES, LLC

Current Principal Place of Business:

PO BOX 246326
PEMBROKE PINES, FL 33024

New Principal Place of Business:

17650 NW 40TH AVE.
MIAMI GARDENS, FL 33055

Current Mailing Address:

PO BOX 246326
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 83-0454583 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:

KNIGHTS, SHERIAL
17650 NW 40TH AVE
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

KNIGHTS, SHERIAL A
17650 NW 40TH AVE
MIAMI, FL 33055 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: SHERIAL A. KNIGHTS

09/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KNIGHTS, SHERIAL
Address: PO BOX 246326
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR (X) Delete
Name: KNIGHTS, EDDISON
Address: PO BOX 246326
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR (X) Delete
Name: BANKS, QUISHA
Address: PO BOX 246326
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KNIGHTS, SHERIAL A
Address: PO BOX 246326
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHERIAL A. KNIGHTS

MGR

09/25/2007

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