

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000040078

**FILED**  
**Oct 05, 2007**  
**Secretary of State**

**Entity Name:** ARCHIMUS CONSULTING, LLC

**Current Principal Place of Business:**

1015 SOUTH HIAWASSEE ROAD  
3525  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

7506 CRANES CREEK CT.  
WINTER PARK, FL 32792 US

**Current Mailing Address:**

1015 SOUTH HIAWASSEE ROAD  
3525  
ORLANDO, FL 32835 US

**New Mailing Address:**

7506 CRANES CREEK CT.  
WINTER PARK, FL 32792 US

**FEI Number:** 58-9603821 **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:**

SORRELS, KATHLEEN V  
842 MAPLE TREE LANE  
ORLANDO, FL 32828 US

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

JOHNSON, ARCHIBALD MR.  
7506 CRANES CREEK CT.  
WINTER PARK, FL 32792 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: ARCHIBALD JOHNSON

10/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: JOHNSON, ARCHIBALD E MR.  
Address: 7506 CRANES CREEK CT.  
City-St-Zip: WINTER PARK, FL 32792 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: ARCHIBALD E. JOHNSON

MR.

10/05/2007

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