


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 29 PM 12:16

DOCUMENT # L06000075566 1. Entity Name CONSOLIDATED SERVICES LLC					
Principal Place of Business 5255 N FEDERAL HIGHWAY 3RD FLOOR BOCA RATON, FL 33487			Mailing Address 5255 N FEDERAL HIGHWAY - 3RD FLOOR BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 26808 Bloomfield Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Yalaha FL 34797		4. FEI Number 26-0375505	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARVEY, ROBERTA M 5255 N FEDERAL HIGHWAY 3RD FLOOR BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name SAME NAME Street Address (P.O. Box Number is Not Acceptable) 26808 Bloomfield Avenue City Yalaha FL Zip Code 34797		
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 <u><i>Rob Harvey</i></u> DATE <u>10/24/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		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 HOLDER, JAMES R 1499 GALLINULE DRIVE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARVEY, ROBERTA M 26808 BLOOMFIELD AVENUE YALAH, FL 34797	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARVEY, ROBERTA M 26808 BLOOMFIELD AVENUE YALAH, FL 34797	<input type="checkbox"/> Delete			
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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.			REINSTATEMENT 2007		
SIGNATURE: <u><i>Rob Harvey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>10/24/07</u> Daytime Phone # <u>352 3242745</u>		