

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 15, 2007  
Secretary of State**

DOCUMENT# L06000083341

Entity Name: PROFESSIONAL CONSULTING LLC

**Current Principal Place of Business:**

5865 VISTA LINDA LANE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

5865 VISTA LINDA LANE  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 18-1716260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GAROFALO, FRANK  
5865 VISTA LINDA LANE  
BOCA RATON, FL 33433      US

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

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: FRANK GAROFALO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      GAROFALO, FRANK  
Address:                      5865 VISTA LINDA LANE  
City-St-Zip:                      BOCA RATON, FL 33433

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: FRANK GAROFALO

MGR

10/15/2007

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