

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000084490

FILED
Sep 25, 2007
Secretary of State

Entity Name: PROFESSIONAL CONSULTANTS GROUP, LLC

Current Principal Place of Business:

1001 ROYAL OAKS DR.
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1001 ROYAL OAKS DR.
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-5444357 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:

Name and Address of New Registered Agent:

ENCARNACION, VALENTA M
1001 ROYAL OAKS DR.
APOPKA, FL 32703 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: VALENTA ENCARNACION

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ENCARNACION, VALENTA M
Address: 1001 ROYAL OAKS DR.
City-St-Zip: APOPKA, FL 32703

Title: MGR () Delete
Name: HERNANDEZ, CLAUDIA
Address: 2714 MIDDLE ST
City-St-Zip: ORLANDO, FL 32807

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

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: CASTILLO, DASHA
Address: 13722 LAGOON ISLE WAY
City-St-Zip: ORLANDO, FL 32824

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: VALENTA ENCARNACION

MGR

09/25/2007

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