

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Sep 15, 2009
Secretary of State**

DOCUMENT# L06000090284

Entity Name: EDGE REFERRAL SYSTEM LLC

Current Principal Place of Business:

5598 8TH ST WEST #3
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

5598 8TH ST WEST #3
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 20-5501130 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:

BUKOWSKI, MICHAEL F
5598 8TH ST WEST #3
LEHIGH ACRES, FL 33971 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: MICHAEL F. BUKOWSKI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUKOWSKI, MICHAEL F
Address: 5598 8TH ST WEST #3
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGRM () Delete
Name: BUKOWSKI, ANGELA I
Address: 5598 8TH ST WEST #3
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DACOSTA, JULIANA R
Address: 8300 SOUTHWIND BAY CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: MGR (X) Change () Addition
Name: WOOLSTON, FLOYD J
Address: 18561 TELEGRAPH CREEK LANE
City-St-Zip: ALVA, FL 33920

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: JULIANA R. DACOSTA

MGR

09/15/2009

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