



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 NOV 14 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000097646 1. Entity Name JAMES HENDERSHOT CONSULTING, LLC					
Principal Place of Business 102 TRIANO CIRCLE VENICE, FL 34293 US			Mailing Address 102 TRIANO CIRCLE VENICE, FL 34293 US		
2. Principal Place of Business - No P.O. Box # 102 TRIANO CIRCLE		3. Mailing Address 102 TRIANO CIRCLE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State VENICE, FLORIDA		City & State VENICE, FLORIDA		4. FEI Number 20-5697307	
Zip 34292		Country SARASOTA		Zip 34292	
Country SARASOTA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CLARKE, PHILIP K 1505 N. FLORIDA AVENUE TAMPA, FL 33601				7. Name and Address of New Registered Agent Name CLARKE, PHILIP K Street Address (P.O. Box Number is Not Acceptable) 1505 N. FLORIDA AVENUE City TAMPA FL Zip Code 33601	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES SAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDERSHOT, JAMES 102 TRIANO CIRCLE VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDERSHOT, JAMES 102 TRIANO CIRCLE VENICE, FL 34292	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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REINSTATEMENT 2007 LS					
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.					
SIGNATURE: 			10/29/2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		