

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000109524

1. Entity Name
THE DFHE GROUP CONSULTING LLC



Principal Place of Business
8181 MIAMI LAKES DRIVE, SUITE 270
MIAMI LAKES, FL 33016

Mailing Address
8181 MIAMI LAKES DRIVE, SUITE 270
MIAMI LAKES, FL 33016

DFHE GROUP

2. Principal Place of Business - No P.O. Box #

7512 Dr Phillips Blvd 50

3. Mailing Address

7512 Dr. Phillips Blvd 50

Suite, Apt. #, etc.

S 920

Suite, Apt. #, etc.

S. 920

City & State

Orlando Florida

City & State

Orlando FL

Zip

32819

Country

USA

Zip

32819

Country

USA

10212008 REIN-LLC CR2E101 (1/07)

4. FEI Number

74-3194054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EAGLIN, DERRICK
8181 MIAMI LAKES DRIVE, SUITE 270
MIAMI LAKES, FL 33016

PK

7. Name and Address of New Registered Agent

Name DERRICK EAGLIN.

Street Address (P.O. Box Number is Not Acceptable)

7512 DR. PHILLIPS BLVD 50. Suite 920

City ORLANDO

FL

Zip Code 32819

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-21-08

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

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

TITLE MGR
NAME EAGLIN, DERRICK
STREET ADDRESS 8181 MIAMI LAKES DRIVE, SUITE 270
CITY-ST-ZIP MIAMI LAKES, FL 33016

☐ Delete

TITLE
NAME NEW ADDRESS
STREET ADDRESS 7512 Dr Phillips Blvd 50
CITY-ST-ZIP Suite 920
Orlando FL 32819

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Geraldine E Eaglin
STREET ADDRESS 7512 Dr Phillips Blvd 50
CITY-ST-ZIP Orlando, Florida 32819

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-21-08

Date

Daytime Phone #

FILED
08 OCT 22 PM 3: 35
TALLAHASSEE, FLORIDA



REINSTATEMENT

2008

100137929491
11/14/08--01003--028 **138.75