

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000122860

Entity Name: AP SOLUTIONS, LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

1548 SUMMER DOWN WAY
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

408 SPARROW BRANCH CIRCLE
JACKSONVILLE, FL 32259 US

Current Mailing Address:

1548 SUMMER DOWN WAY
JACKSONVILLE, FL 32259 US

New Mailing Address:

408 SPARROW BRANCH CIRCLE
JACKSONVILLE, FL 32259 US

FEI Number: 20-8131321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRABTREE, R R
8777 SAN JOSE BOULEVARD
BUILDING A-200
JACKSONVILLE, FL 32217 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: RR CRABTREE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIMONETTA, ANTHONY J
Address: 1548 SUMMER DOWN WAY
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM () Delete
Name: TOMPKINS, PAUL A
Address: 7400 POWERS AVENUE, SUITE 427
City-St-Zip: JACKSONVILLE, FL 32217 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIMONETTA, ANTHONY J
Address: 408 SPARROW BRANCH CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259 US

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

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: ANTHONY J. SIMONETTA

MGRM

01/14/2009

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