

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000123018

**FILED**  
**Oct 18, 2007**  
**Secretary of State**

**Entity Name:** PROBATE RECOVERY SYSTEMS, LLC

**Current Principal Place of Business:**

801 WEST BAY DRIVE, #328  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5177  
LARGO, FL 33779

**New Mailing Address:**

FEI Number: 20-8124729      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:**

RIVELLINI, PETER A  
911 CHESTNUT STREET  
CLEARWATER, FL 33756      US

**Name and Address of New Registered Agent:**

VANBEUNING, WILLIAM S  
801 W BAY DRIVE  
SUITE 328  
LARGO, FL 33770 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: WILLIAM S VANBEUNING

10/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: VANBEUNING, WILLIAM S  
Address: 801 WEST BAY DRIVE, #328  
City-St-Zip: LARGO, FL 33770

**ADDITIONS/CHANGES:**

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: WILLIAM S VANBEUNING

MGR

10/18/2007

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