2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 30, 2008
Secretary of State

DOCUMENT# L07000002654

Entity Name: CAPITAL SOLUTIONS GROUP, LLC

Current Principal Place of Business:

1891 CAPITAL CIRCLE NE
SUITE 5
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

2450 TIM GAMBLE PLACE
SUITE 258
TALLAHASSEE, FL 32308 US

Current Mailing Address:

1891 CAPITAL CIRCLE NE
SUITE 5
TALLAHASSEE, FL 32308 US

New Mailing Address:

2450 TIM GAMBLE PLACE
SUITE 258
TALLAHASSEE, FL 32308 US

FEI Number: 20-1178564 **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:

COBB, WALLISA F
3324 NEWTON ABBOTT DRIVE
TALLAHASSEE, FL 32317 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: WALLISA COBB

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	COBB, WALLISA F	
Address:	3324 NEWTON ABBOTT DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32317 US	
Title:	MGRM	( ) Delete
Name:	BELTON, KEANTHA L	
Address:	4140 POND CYPRESS COURT	
City-St-Zip:	TALLAHASSEE, FL 32310 US	
Title:	MGRM	( ) Delete
Name:	GIBSON, CLEVELAND	
Address:	P.O. BOX 6996	
City-St-Zip:	TALLAHASSEE, FL 32314 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: WALLISA COBB MGRM 09/30/2008

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