

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000008543

FILED
Sep 30, 2009
Secretary of State

Entity Name: INTERNATIONAL REFERRAL NETWORK, LLC

Current Principal Place of Business:

4632 VINCENNES BLVD
SUITE 201A
CAPE CORAL, FL 33904 US

New Principal Place of Business:

4632 VINCENNES BLVD
SUITE 104
CAPE CORAL, FL 33904 US

Current Mailing Address:

PO BOX 100689
CAPE CORAL, FL 33910 US

New Mailing Address:

FEI Number: 26-1806748 **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:

Name and Address of New Registered Agent:

HARTLEB, ASTRID P
4632 VINCENNES BLVD
SUITE 201A
CAPE CORAL, FL 33904 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: ASTRID P HARTLEB

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: HARTLEB, ASTRID P
Address: 4632 VINCENNES BLVD, SUITE 201A
City-St-Zip: CAPE CORAL, FL 33904 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: ASTRID P HARTLEB

MGR

09/30/2009

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