

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000014022

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** PARTICULAR SOLUTIONS LLC

**Current Principal Place of Business:**

708 O'FARRELL AVE.  
INTERLACHEN, FL 32148

**New Principal Place of Business:**

4730 BERRY COURT  
KEYSTONE HEIGHTS, FL 32656

**Current Mailing Address:**

708 O'FARRELL AVE.  
INTERLACHEN, FL 32148

**New Mailing Address:**

4730 BERRY COURT  
KEYSTONE HEIGHTS, FL 32656

**FEI Number:** 27-2024457      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

POWELL, WILLIS D  
708 O'FARRELL AVE.  
INTERLACHEN, FL 32148      US

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

POWELL, WILLIS D  
4730 BERRY COURT  
KEYSTONE HEIGHTS, FL 32656      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: WILLIS D POWELL

03/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** POWELL, WILLIS D  
**Address:** 4730 BERRY COURT  
**City-St-Zip:** KEYSTONE HEIGHTS, FL 32656

I hereby 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: WILLIS D. POWELL

MGRM

03/12/2010

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