

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000031649

Entity Name: FINANCIAL SOLUTIONS, LLC

FILED
Nov 17, 2008
Secretary of State

Current Principal Place of Business:

6950 PHILLIPS HWY.
SUITE #33
JACKSONVILLE, FL 32216

New Principal Place of Business:

445 STATE RD. 13 N
#26-472
JACKSONVILLE, FL 32259

Current Mailing Address:

6950 PHILLIPS HWY.
SUITE #33
JACKSONVILLE, FL 32216

New Mailing Address:

445 STATE RD. 13 N
#26-472
JACKSONVILLE, FL 32259

FEI Number: 33-1167844 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:

MCLAUGHLIN, PAMELA JO
445 STATE ROAD #13 N #26-472
JACKSONVILLE, FL 32259 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: PAMELA J. MCLAUGHLIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCLAUGHLIN, PAMELA JO
Address: 445 STATE RD. 13N #26-472
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: MCLAUGHLIN, PAMELA JO
Address: 445 STATE RD. 13N #26-472
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

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: PAMELA J. MCLAUGHLIN

MGR

11/17/2008

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