

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000031649

Entity Name: FINANCIAL SOLUTIONS, LLC

FILED
Nov 02, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 33-1167844 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:

MCLAUGHLIN, DAN
445 STATE ROAD #13 N #26-472
JACKSONVILLE, FL 32259 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: DAN MCLAUGHLIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCLAUGHLIN, DAN
Address: 445 STATE RD. 13N #26-472
City-St-Zip: JACKSONVILLE, FL 32259

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: DAN MCLAUGHLIN

MGRN

11/02/2009

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