

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000045320

FILED  
Oct 14, 2009  
Secretary of State

**Entity Name:** INDIVIDUAL RETIREMENT SYSTEMS, LLC

**Current Principal Place of Business:**

701 SEBASTIAN BLVD.  
SUITE E  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

701 SEBASTIAN BLVD.  
SUITE E  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

WEALTH MANAGEMENT CONSULTANTS, L.L.C.  
701 SEBASTIAN BLVD.  
SUITE E  
SEBASTIAN, FL 32958 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: KRISTIN M. LITTS, JD, LLM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: LITTS, KRISTIN M  
Address: 103 BECKER AVENUE  
City-St-Zip: SEBASTIAN, FL 32958

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: REITTINGER, RICHARD J  
Address: 103 BECKER AVENUE  
City-St-Zip: SEBASTIAN, FL 32958

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: KRISTIN M. LITTS, JD, LLM

MGRM

10/14/2009

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