

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000050634

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: A CAREER CONNECTION LLC

## Current Principal Place of Business:

2201 MONTERREY LANE  
PORT ST. LUCIE, FL 34953 US

## New Principal Place of Business:

5600 N. FLAGLER DR.  
404  
WEST PALM BEACH, FL 33407 US

## Current Mailing Address:

2201 MONTERREY LANE  
PORT ST. LUCIE, FL 34953 US

## New Mailing Address:

5600 N. FLAGLER DR.  
404  
WEST PALM BEACH, FL 33407 US

FEI Number: 26-0170471      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:

ADKINS, JAMI  
5600 NORTH FLAGLER DRIVE  
APT 404  
WEST PALM BEACH, FL 33407 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: JAMI ADKINS

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Delete  
Name: ADKINS, JAMI  
Address: 5600 NORTH FLAGLER DRIVE, APT 404  
City-St-Zip: WEST PALM BEACH, FL 33407 US

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

Title: MGRM ( ) Delete  
Name: ADKINS, GARY  
Address: 4100 GALT OCEAN DRIVE, APT 311  
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: MGRM (X) Change ( ) Addition  
Name: ADKINS, GARY  
Address: 2201 SW MONTERREY LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: MGRM ( ) Delete  
Name: ADKINS, ROMA  
Address: 4100 GALT OCEAN DRIVE, APT 311  
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: MGRM (X) Change ( ) Addition  
Name: ADKINS, ROMA  
Address: 2201 SW MONTERREY LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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: JAMI ADKINS

MGRM

01/28/2009

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