

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000051365

FILED
Nov 12, 2008
Secretary of State

Entity Name: PRODUCT DEVELOPMENT SOLUTIONS, LLC

Current Principal Place of Business:

3900 YORKTOWNE BLVD
APT 3607
PORT ORANGE, FL 32129

New Principal Place of Business:

400 CANOPY WALK LN
PALM COAST, FL 32137

Current Mailing Address:

3900 YORKTOWNE BLVD
APT 3607
PORT ORANGE, FL 32129

New Mailing Address:

400 CANOPY WALK LN
PALM COAST, FL 32137

FEI Number: 26-0167234 **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:

ROCHFORD, THOMAS G
3900 YORKTOWNE BLVD
APT 3607
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

ROCHFORD, THOMAS G
400 CANOPY WALK LN
PALM COAST, FL 32137 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: THOMAS ROCHFORD

11/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROCHFORD, THOMAS G
Address: 3900 YORKTOWNE BLVD
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROCHFORD, THOMAS G
Address: 400 CANOPY WALK LN
City-St-Zip: PALM COAST, FL 32137

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: THOMAS ROCHFORD

PRES

11/12/2008

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