

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000084023

**FILED**  
**Nov 12, 2008**  
**Secretary of State**

**Entity Name:** HALLINAN CONSULTING LLC

**Current Principal Place of Business:**

3870 N. HWY. A1A, SUITE 506  
FORT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

3870 N. HWY. A1A, SUITE 506  
FORT PIERCE, FL 34949

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: NRAI SERVICES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HALLINAN, MICHAEL  
Address: 3870 N. HWY. A1A, SUITE 506  
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES:**

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: MICHAEL HALLINAN

MGRM

11/12/2008

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