## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L07000099469

Address:

City-St-Zip:

PO BOX 941735

MAITLAND, FL 32794 US

**Entity Name:** NEUROSOLUTIONS LLC

FILED Oct 05, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 2627 MAITLAND CROSSING WAY **UNIT 8-101** ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** PO BOX 941735 MAITLAND, FL 32794 FEI Number: 26-1167020 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: FOWLER, BRAD D 2627 MAITLAND CROSSING WAY **UNIT 8-101** ORLANDO, FL 32810 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: BRAD FOWLER Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR () Delete Title: () Change () Addition FOWLER, BRAD D Name: Name: Address: PO BOX 941735 Address: City-St-Zip: MAITLAND, FL 32794 US City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: MURPHY, M K 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: BRAD FOWLER MGR 10/05/2009