


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000114430 1. Entity Name CKB CONSULTING LLC						FILED 08 DEC 16 AM 12:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 23641 WATERSIDE DRIVE BONITA SPRINGS, FL 34134				Mailing Address 23641 WATERSIDE DRIVE BONITA SPRINGS, FL 34134			
2. Principal Place of Business - No P.O. Box # 23641 WATERSIDE DR			3. Mailing Address Suite, Apt. #, etc.				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State BONITA SPRING FL		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 34134	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>[Signature]</i></u> DATE <u>Dec 6/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWLESS, ROBERT J 23641 WATERSIDE DRIVE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900139065909 12/16/08--01031--002 **238.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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REINSTATEMENT							
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>Dec 6/08</u> Daytime Phone # <u>443-824-4334</u> <u>239-948-1328</u>			