

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000119323

FILED
Jun 26, 2009
Secretary of State

Entity Name: EMERALD CONSULTING AND MANAGEMENT GROUP, LLC

Current Principal Place of Business:

4460 LEGENDARY DRIVE
SUITE 190
DESTIN, FL 32541 US

New Principal Place of Business:

4434 LUKE AVENUE
DESTIN, FL 32541 US

Current Mailing Address:

4460 LEGENDARY DRIVE
SUITE 190
DESTIN, FL 32541

New Mailing Address:

4434 LUKE AVENUE
DESTIN, FL 32541 US

FEI Number: 26-1497205 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:

ANCHORS, MICHELLE
4460 LEGENDARY DRIVE
SUITE 190
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

BREITENFELD, JIM
4434 LUKE AVENUE
DESTIN, FL 32541 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: JIM BREITENFELD

06/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BREITENFELD, JIM
Address: 4434 LUKE AVENUE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: SASSANO, LARRY
Address: P.O. BOX 4097
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGRM () Delete
Name: REES, LANE
Address: 323 LAKEVIEW DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32549

Title: MGRM (X) Delete
Name: ANCHORS, MICHELLE
Address: 4460 LEGENDARY DRIVE, SUITE 190
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

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

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

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

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: JIM BREITENFELD

MGRM

06/26/2009

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