

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000003084

**FILED**  
**May 08, 2011**  
**Secretary of State**

**Entity Name:** EMERGE COUNSELING SERVICES LLC

**Current Principal Place of Business:**

1025 S.SEMORAN BLVD  
WINTER PARK, FL 32792

**New Principal Place of Business:**

2295 S.HIAWASSE RD  
SUITE 207  
ORLANDO, FL 32835

**Current Mailing Address:**

1025 S.SEMORAN BLVD  
WINTER PARK, FL 32792

**New Mailing Address:**

PO BOX 681148  
ORLANDO, FL 32868

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARBER, DONALD L  
1025 S.SEMORAN BLVD  
WINTER PARK, FL 32792 US

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

BARBER, DONALD L  
2295 S. HIAWASSE RD  
SUITE 207  
ORLANDO, FL 32835 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: DONALD BARBER

05/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BARBER, DONALD  
Address: PO BOX 681148  
City-St-Zip: ORLANDO, FL 32868 US

I hereby 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: DONALD BARBER

MGR

05/08/2011

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