

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000008181

**FILED**  
**Nov 04, 2009**  
**Secretary of State**

**Entity Name:** WIRED INVESTIGATIONS #2 LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

777 S. FLAGLER DR., WEST TOWER  
SUITE 800  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

6586 HYPOLUXO RD  
290  
LAKE WORTH, FL 33467

**New Mailing Address:**

6586 HYPOLUXO RD  
148  
LAKE WORTH, FL 33467

**FEI Number:** **FEI Number Applied For (X)** **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:**

WORLDWIDE INVESTIGATIONS, RESEARCH & E -DB  
6586 HYPOLUXO RD  
290  
LAKE WORTH, FL 33467 US

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

WORLDWIDE INVESTIGATIONS, RESEARCH & E -DB  
6586 HYPOLUXO RD  
148  
LAKE WORTH, FL 33467 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: JON STEVENS

11/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WORLDWDIE INVESTIGATIONS RESEARCH & E-DB  
Address: 6586 HYPOLUXO RD., SUITE 290  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WORLDWDIE INVESTIGATIONS RESEARCH & E-DB  
Address: 6586 HYPOLUXO RD., SUITE 148  
City-St-Zip: LAKE WORTH, FL 33467

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: JON STEVENS

MMM

11/04/2009

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