

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000026192

FILED
Nov 12, 2009
Secretary of State

Entity Name: CATHERINE'S CONSULTING, LLC

Current Principal Place of Business:

738 NORTH 5TH STREET
MACCLENNY, FL 32063

New Principal Place of Business:

499 ISLAMORADA DRIVE
MACCLENNY, FL 32063

Current Mailing Address:

738 NORTH 5TH STREET
MACCLENNY, FL 32063

New Mailing Address:

499 ISLAMORADA DRIVE
MACCLENNY, FL 32063

FEI Number: 26-2188943 **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:

COLLINGWOOD, CATHERINE
738 NORTH 5TH STREET
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

THOMAS, CATHERINE
499 ISLAMORADA DRIVE
MACCLENNY, FL 32063 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: CATHERINE THOMAS

11/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLLINGWOOD, CATHERINE MRS
Address: 738 NORTH 5TH STREET
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMAS, CATHERINE MRS
Address: 499 ISLAMORADA DRIVE
City-St-Zip: MACCLENNY, FL 32063

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: CATHERINE THOMAS

MGR

11/12/2009

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