

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000036761

**FILED**  
**Aug 21, 2012**  
**Secretary of State**

**Entity Name:** XCEPTIONAL CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

19817 GULF BLVD.  
UNIT 201  
INDIAN SHORES, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

19817 GULF BLVD.  
UNIT 201  
INDIAN SHORES, FL 33785

**New Mailing Address:**

**FEI Number:** 26-2736718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROIDA, JOEL D  
605 75TH AVENUE  
ST. PETE BEACH, FL 33706 US

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

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: JOEL D. BROIDA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GALASTI, EDWARD A  
Address: 19817 GULF BLVD.  
City-St-Zip: INDIAN SHORES, FL 33785

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: EDWARD A GALASTI JR.

MGRM

08/21/2012

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