

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000065957

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** ENTEGRITY CONSULTING GROUP, LLC

**Current Principal Place of Business:**

4651 SALISBURY RD  
477  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

5000 US HIGHWAY 17  
325  
FLEMING ISLAND, FL 32043

**Current Mailing Address:**

4651 SALISBURY RD  
477  
JACKSONVILLE, FL 32256

**New Mailing Address:**

5000 US HIGHWAY 17  
325  
FLEMING ISLAND, FL 32043

**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:**

RAJ, GUPTA  
4651 SALISBURY RD  
477  
JACKSONVILLE, FL 32256 US

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

RAJ, GUPTA  
5000 US HIGHWAY 17  
325  
FLEMING ISLAND, FL 32003 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: RAJ GUPTA

03/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RAJ, GUPTA  
Address: 5000 US HIGHWAY 17 #325  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGRM  
Name: WAN, ANDREW  
Address: 2380 GOLF VIEW DR  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGRM  
Name: ALLICOCK, SHAUN  
Address: 1075 THREE FORKS CT  
City-St-Zip: ST AUGUSTINE, FL 32092

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: RAJ GUPTA

MGR

03/19/2010

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