

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000074002

**Entity Name:** HYLAND SOLUTIONS, LLC

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

**Current Principal Place of Business:**

34 LONG ISLAND PLACE NW  
SANDY SPRING, GA 303283061

**New Principal Place of Business:**

**Current Mailing Address:**

34 LONG ISLAND PLACE NW  
SANDY SPRING, GA 303283061

**New Mailing Address:**

**FEI Number:** 26-3171884      **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:**

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

HYLAND, WILLIAM J ESQ.  
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST  
WEST PALM BEACH, FL 33401 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: WILLIAM HYLAND

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HYLAND, WILLIAM J III  
**Address:** 34 LONG ISLAND PLACE NW  
**City-St-Zip:** SANDY SPRING, GA 303283061

**Title:** MGRM  
**Name:** GROOVER HYLAND, AMANDA  
**Address:** 34 LONG ISLAND PLACE NW  
**City-St-Zip:** SANDY SPRING, GA 303283061

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: WILLIAM HYLAND

MR.

01/19/2010

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