

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000001630

FILED
Oct 08, 2009
Secretary of State

Entity Name: ADVANCED TECHNICAL SOLUTIONS, LLC.

Current Principal Place of Business:

8805 CITRUS VILLAGE DR, 202
TAMPA, FL 33626

New Principal Place of Business:

8805 CITRUS VILLAGE DR
202
TAMPA, FL 33626

Current Mailing Address:

8805 CITRUS VILLAGE DR, 202
TAMPA, FL 33626

New Mailing Address:

8805 CITRUS VILLAGE DR
202
TAMPA, FL 33626

FEI Number: 26-4116100 **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:

ALLEN, HOMER C III
10310 VENITIA REAL AVE #104
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

ALLEN, HOMER C III
8805 CITRUS VILLAGE DR.
202
TAMPA, FL 33647 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: HOMER ALLEN, III

10/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLEN, HOMER C
Address: 10310 VENITIA REAL AVE #104
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HOMER ALLEN, III

MGR

10/08/2009

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