

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000001725

Entity Name: TIER ONE SOLUTIONS, LLC

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1229 CENTRAL AVE  
ST PETERSBURG, FL 33705

## **New Principal Place of Business:**

CORPERATE CENTER ONE 2202 N WEST SHORE BLV  
200  
TAMPA, FL 337607

## **Current Mailing Address:**

1229 CENTRAL AVE  
ST PETERSBURG, FL 33705

## **New Mailing Address:**

10475 GANDY BLVD N  
1417  
ST PETERSBURG, FL 33702

FEI Number: 26-3990289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WEIDNER, MATTHEW  
1229 CENTRAL AVE  
ST PETERSBURG, FL 33705 US

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

NEIL, SCOTT  
10475 GANDY BLVD N  
1417  
ST PETERSBURG, FL 33702 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: SCOTT NEIL

02/21/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LAVELY, JERRY  
Address: 3980 SHORE ACRES AVE  
City-St-Zip: ST PETERSBURG, FL 33703

Title: MGRM  
Name: NEIL, SCOTT  
Address: 10475 GANDY BLVD N SUITE 1417  
City-St-Zip: ST. PETERSBURG, FL 33702

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: SCOTT NEIL

MGRM

02/21/2011

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