

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000008555

**Entity Name:** TRUTH VERIFICATION, LLC

**FILED**  
**Sep 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4540 CHIPMUNK RD.  
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

1726 KINGSLEY AVE  
SUITE 30  
ORANGE PARK, FL 32073 US

**Current Mailing Address:**

4540 CHIPMUNK RD.  
MIDDLEBURG, FL 32068 US

**New Mailing Address:**

1726 KINGSLEY AVE  
SUITE 30  
ORANGE PARK, FL 32073 US

**FEI Number:** 26-4150898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

POSTON, DAVID E  
4540 CHIPMUNK RD.  
MIDDLEBURG, FL 32068 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: DAVID E POSTON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: POSTON, DAVID E  
Address: 4540 CHIPMUNK RD.  
City-St-Zip: MIDDLEBURG, FL 32068 US

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: DAVID E POSTON

PRES

09/27/2010

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