

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000023762

**FILED**  
**Apr 17, 2013**  
**Secretary of State**

**Entity Name:** REAL ESTATE SOLUTIONS NETWORK, LLC

**Current Principal Place of Business:**

4670 LINKS VILLAGE DR  
C-702  
PONCE INLET, FL 32127 US

**New Principal Place of Business:**

7862 WEST IRLO BRONSON MEMORIAL HWY # 115  
KISSIMMEE, FL 34747 US

**Current Mailing Address:**

PO BOX 290862  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

7862 WEST IRLO BRONSON HWY # 115  
KISSIMMEE, FL 34747 US

**FEI Number:** 26-4432520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILSON, CAROL  
4670 LINKS VILLAGE  
C702  
PONCE INLET, FL 32127 US

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

WILSON, KEITH  
7862 WEST IRLO BRONSON HWY #115  
KISSIMMEE, FL 34747 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: KEITH WILSON

04/17/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILSON, KEITH  
Address: 7862 WEST IRLO BRONSON HWY #115  
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MGRM  
Name: WILSON, CAROL  
Address: 7862 WEST IRLO BRONSON HWY #115  
City-St-Zip: KISSIMMEE, FL 34747 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: KEITH WILSON

MGRM

04/17/2013

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