

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000029621

**FILED**  
**Nov 17, 2011**  
**Secretary of State**

**Entity Name:** OPTIMIZED OFFER SOLUTIONS, LLC

**Current Principal Place of Business:**

4343 D RIDGEWOOD AVE  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

3651 DONNA STREET  
PORT ORANGE, FL 32127

**Current Mailing Address:**

4343 D RIDGEWOOD AVE  
PORT ORANGE, FL 32127

**New Mailing Address:**

3651 DONNA STREET  
PORT ORANGE, FL 32127

**FEI Number:** 26-4446858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETERS, SHAWN  
3651 DONNA STREET  
PORT ORANGE, FL 32129 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:** SHAWN PETERS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** PETERS, SHAWN  
**Address:** 3651 DONNA STREET  
**City-St-Zip:** PORT ORANGE, FL 32129

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:** SHAWN PETERS

MGR

11/17/2011

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