

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000034698

**FILED**  
**Nov 01, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL TRUST CONSULTING SERVICES LLC

**Current Principal Place of Business:**

6753 THOMASVILLE RD  
#108-136  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

6753 THOMASVILLE RD  
#108-136  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 26-4630097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUSSIA, EVAN E II  
6753 THOMASVILLE RD  
#108-136  
TALLAHASSEE, FL 32312 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: EVAN DUSSIA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DUSSIA, EVAN E II  
Address: 6753 THOMASVILLE RD #108-136  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM  
Name: JOHNSON, ADRIENNE D  
Address: 1932 NANTICOKE CIR  
City-St-Zip: TALLAHASSEE, FL 32303

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: EVAN DUSSIA

MGRM

11/01/2010

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