

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000060793

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** CODE BLUE CONSULTING, LLC

**Current Principal Place of Business:**

7350 S. TAMIAMI TRAIL  
SUITE 49  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

7350 S. TAMIAMI TRAIL  
SUITE 49  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 27-0435669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FOWLER WHITE BOGGS P.A.  
ATTN: HUNTER J. BROWNLEE  
501 E. KENNEDY BLVD. STE. 1700  
TAMPA, FL 33602 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:** ROWLER WHITE BOGGS P.A.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SEMIAN, DOUGLAS D  
**Address:** 3024 WOODWALK DR  
**City-St-Zip:** ATLANTA, GA 30339

**Title:** MEMB  
**Name:** SEMIAN, PAUL C  
**Address:** 318 PARK AVE, SUITE 4C  
**City-St-Zip:** HOBOKEN, NJ 07030

**Title:** MEMB  
**Name:** AARON, JOYCE  
**Address:** 3107 HARCUM WAY  
**City-St-Zip:** PITTSBURG, PA 15203

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:** DOUGLAS D SEMIAN

MGRM

04/20/2011

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