

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000098531

**FILED**  
**Dec 21, 2010**  
**Secretary of State**

**Entity Name:** VERSAFIED SYSTEMS LLC

**Current Principal Place of Business:**

418 NEWGATE ST. NW  
PALM BAY, FL 32907 US

**New Principal Place of Business:**

**Current Mailing Address:**

418 NEWGATE ST. NW  
NW PALM BAY, FL 32907 US

**New Mailing Address:**

418 NEWGATE ST. NW  
PALM BAY, FL 32907 US

**FEI Number:** 27-1108906

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, MICHAEL A  
418 NEWGATE ST. N.W.  
PALM BAY, FL 32907 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:** MICHAEL A. WILLIAMS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WILLIAMS, MICHAEL A  
**Address:** 418 NEWGATE ST. N.W.  
**City-St-Zip:** PALM BAY, FL 32907 US

**Title:** MGR  
**Name:** WAMPLER, NADINE  
**Address:** 418 NEWGATE ST. N.W.  
**City-St-Zip:** PALM BAY, FL 32907 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:** MICHAEL A. WILLIAMS

MGR

12/21/2010

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