

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L10000018626

1. Entity Name
DIVERSIFIED PRODUCTS & CONSULTING LLC



FILED

13 MAR 12 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03122013 REIN-LLC CR2E101 (12/11)

Principal Place of Business Mailing Address
4145 ARKLOW DRIVE 4145 ARKLOW DRIVE
TALLAHASSEE, FL 32309-2803 TALLAHASSEE, FL 32309-2803

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3845 Killearn Court 3845 Killearn Court
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1 Suite 1
City & State City & State
Tallahassee, FL Tallahassee, FL
Zip Country Zip Country
32309 US 32309 US

4. FEI Number 27-1921615 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FOSTER, JAMES D
4145 ARKLOW DRIVE
TALLAHASSEE, FL 32309-2803

7. Name and Address of New Registered Agent
Name James D. Foster
Street Address (P.O. Box Number is Not Acceptable)
3845 Killearn Court, Suite 1
City Tallahassee FL Zip Code 32309

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *James D. Foster* James D. Foster 3-11-2013
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2014, Fee will be \$377.50
Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, CAROL			NAME	Carol C. Foster		
STREET ADDRESS	4145 ARKLOW DRIVE			STREET ADDRESS	3845 Killearn Court, Suite, 1		
CITY- ST- ZIP	TALLAHASSEE, FL 323092803			CITY- ST- ZIP	Tallahassee, FL 32309	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	James D. Foster			NAME	James D. Foster		
STREET ADDRESS	3845 Killearn Court, Suite 1			STREET ADDRESS	3845 Killearn Court, Suite, 1		
CITY- ST- ZIP	Tallahassee, FL 32309	<input type="checkbox"/> Delete		CITY- ST- ZIP	Tallahassee, FL 32309	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 *Carol C. Foster* Carol C. Foster 3-11-13 carol@dpcusa.net
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS