

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000031589

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** WOODLYNN LOSS CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

1668 PELIRCAN CREEK XING  
ST. PETERSBURG, FL 33707 US

**New Principal Place of Business:**

**Current Mailing Address:**

1668 PELIRCAN CREEK XING  
ST. PETERSBURG, FL 33707 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A  
TAMPA, FL 33688 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:** JAKE VARGHESE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ROSS, WILLIAM W  
**Address:** 1668 PELIRCAN CREEK XING  
**City-St-Zip:** ST. PETERSBURG, FL 33707 US

**Title:** MGRM  
**Name:** ROSS, DONNA S  
**Address:** 1668 PELIRCAN CREEK XING  
**City-St-Zip:** ST. PETERSBURG, FL 33707 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:** WILLIAM W ROSS

MGRM

01/13/2012

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