

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000057920

**FILED**  
**Jan 02, 2013**  
**Secretary of State**

**Entity Name:** CAPITAL SOLUTIONS TALLAHASSEE, LLC

**Current Principal Place of Business:**

2312 LIMERICK DRIVE  
TALLAHASSEE, FL 323093505

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13408  
TALLAHASSEE, FL 323173408

**New Mailing Address:**

**FEI Number:** 27-2716147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLAIR, LISA A  
2312 LIMERICK DRIVE  
TALLAHASSEE, FL 323093505 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: LISA A BLAIR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BLAIR, LISA A  
Address: 2312 LIMERICK DRIVE  
City-St-Zip: TALLAHASSEE, FL 323093505

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: LISA A BLAIR

PRES

01/02/2013

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