

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000099751

**Entity Name:** POWELL CONSULTING, LLC

**FILED**  
**Oct 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

195 BARTONS WAY  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

195 BARTONS WAY  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 27-3546483      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

POWELL, BLAIR O  
195 BARTONS WAY  
SANTA ROSA BEACH, FL 32459 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:** BLAIR O POWELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** POWELL, BLAIR O  
**Address:** 195 BARTONS WAY  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 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:** BLAIR O POWELL

MGRM

10/19/2011

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