

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000119250

**FILED**  
**Nov 13, 2013**  
**Secretary of State**

**Entity Name:** BUSINESS TRANSITION SOLUTIONS LLC

**Current Principal Place of Business:**

3001 N ROCKY POINT DR E  
SUITE 200  
TAMPA, FL 33607

**New Principal Place of Business:**

970 LAKE CARILLON DRIVE  
300  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

2188 FAWN LANE  
SPRING HILL, FL 34608

**New Mailing Address:**

970 LAKE CARILLON DRIVE  
300  
ST. PETERSBURG, FL 33716

**FEI Number:** 35-2394726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAURO, KATHLEEN  
2188 FAWN LANE  
SPRING HILL, FL 34608 US

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

CLARK, WILLIAM  
970 LAKE CARILLON DRIVE  
300  
ST. PETERSBURG, FL 33716 US

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: WILLIAM CLARK

11/13/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: ROBERSON, TAMMIE  
Address: 970 LAKE CARILLON DRIVE  
City-St-Zip: ST. PETERSBURG, FL 33716

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: TAMMIE ROBERSON

P

11/13/2013

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