

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000104387

**FILED**  
**Oct 19, 2014**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA INVESTIGATIVE SERVICE, LLC

**Current Principal Place of Business:**

3531 ORISKANY DRIVE  
ORLANDO, FL 32820 US

**New Principal Place of Business:**

**Current Mailing Address:**

3531 ORISKANY DRIVE  
ORLANDO, FL 32820 US

**New Mailing Address:**

**FEI Number:** 46-0867576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, KATHERINE A  
3531 ORISKANY DRIVE  
ORLANDO, FL 32820 US

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

FOLSE, LUANA L  
3531 ORISKANY DRIVE  
ORLANDO, FL 32820 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: LUANA FOLSE

10/19/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: FOLSE, LUANA  
Address: 3531 ORISKANY DRIVE  
City-St-Zip: ORLANDO, FL 32820 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: LUANA FOLSE

MGRM

10/19/2014

Electronic Signature of Authorized Person

Date