

**2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000113145

**FILED  
Oct 01, 2014  
Secretary of State**

**Entity Name:** D.A.L. VIRTUAL CUSTOMER SERVICE PROFESSIONALS, LLC

**Current Principal Place of Business:**

4340 18TH STREET NE  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

4340 18TH STREET NE  
NAPLES, FL 34120

**New Mailing Address:**

**FEI Number:** 46-3402138      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ALFONSO-LOWDEN, DAMARIS  
4340 18TH STREET NE  
NAPLES, FL 34120 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: DAMARIS ALFONSO-LOWDEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: ALFONSO-LOWDEN, DAMARIS  
Address: 4340 18TH STREET NE  
City-St-Zip: NAPLES, FL 34120

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: DAMARIS ALFONSO-LOWDEN

\_\_\_\_\_  
Electronic Signature of Authorized Person

MGR

10/01/2014

\_\_\_\_\_  
Date