

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000131709

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Entity Name:** VOYAGE RETIREMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

300 INTERNATIONAL PKWY STE 130  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

300 INTERNATIONAL PKWY STE 130  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 46-3684522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KABA CONSULTING INC.  
1655 E HWY 50  
SUITE # 203  
CLERMONT, FL 34711 US

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

REY, DANIEL L  
300 INTERNATIONAL PKWY  
STE 130  
LAKE MARY, FL 32746 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: DANIEL REY

10/02/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: D  
Name: DRAGON, MICHAEL P  
Address: 155 CRANES ROOST BLVD SUITE 2040  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D  
Name: REY, DANIEL  
Address: 300 INTERNATIONAL PKWY STE 130  
City-St-Zip: LAKE MARY, FL 32746

Title: MGR  
Name: DRAGON, SHANA  
Address: 155 CRANES ROOST BLVD SUITE 2040  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGR  
Name: LOPEZ, RACHAEL  
Address: 155 CRANES ROOST BLVD SUITE 2040  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: DANIEL REY

D

10/02/2014

Electronic Signature of Authorized Person

Date