

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200.00  
9-16-05

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:20

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99000001496

1. Limited Liability Company's Name

STERLING FINANCIAL (FINANCIAL) CONSULTANTS LLC

2. Principal Office Address

260 A PENNSYLVANIA AVE  
PO BOX 926

Suite, Apt. #, etc.

PALM HARBOR FL 34682

City & State

PALM HARBOR FLORIDA

Zip

34682

Country

FLORIDA

3. Mailing Office Address

PO BOX 926

Suite, Apt. #, etc.

1

City & State

PALM HARBOR FLORIDA 34682

Zip

34682

Country

FLORIDA

CR2E041 (8/05)

4. State/Country of Formation

USA, FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

7999

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

ALLAN ROTH

Street Address (P.O. Box Number is Not Acceptable)

260 A PENNSYLVANIA AVE

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34682

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

3-7-06

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>CEO</u>	<u>ALLAN ROTH</u>	<u>260 A PENNSYLVANIA AVE</u>	<u>PALM HARBOR FL 34682</u>
			<u>000069541430</u>
			<u>06/08/06--01039--010 **55.00</u>
			<u>000069541430</u>
			<u>04/05/06--01037--014 **150.00</u>
			<u>REINSTATEMENT 05-06</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Date

3-7-06

Daytime Phone #

727 656 8910

Typed or printed name of signing Managing Member/Manager

ALLAN ROTH