## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT									
DOCUMENT # L9900002467  1. Entity Name PRAHA FINANCIAL CONSULTING LC					,	FIL. 1 05 JUL - I A ECRETARY OF LAHASSEE. 1	ED M 8: 30		
Principal Place of Business 1333 N DUVAL ST TALLAHASSEE, FL 32302		Mailing Address 1333 N DUVAL ST TALLAHASSEE, FL 32302		\ \ 	1 10011011 011		BESS BESS (181) 8181	<b>I I</b> HAN I <b>RI</b> I	(B) (I) (BB)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06302005	REIN-LLC	CR2E101	(6/04)	
City & State		City & State			4. FEI Number Applied For NOT APPLICABLE Not Applicable				
Zip	Country	Zip	Country		5. Certificate	of Status Desired		<b>00</b> Addi Required	
FLORIDA F 1300 N DU TALLAHAS	Name Street Add	Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered office of the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature)  FILE NOW!!! FEE IS \$200.00						7 Make	DATE  check payal Department	ole to	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STERLING MANAGERS LIMITE PO BOX 362 ROAD TOWN TORTOLA BVI,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	3K			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		8(	000569		Change	Addition
TITLE NAME STREET ADDRESS C(TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			) (1/1) (-)	<u> </u>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	STREET ADDRESS CITY-ST-ZIP	WE		2009 2		Change	Addition
TITLE NAME STREET ADDRESS : CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ad in O	otion 140 07/0	Wil Florida October	. 18	Change	Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Junet M. Caruccio, auth rep. 6-3005 30-401-57
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone # 50

7:80/04 7:1011/04

## 199000002467

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303 PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 07-01-05

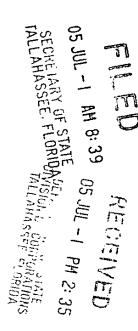
NAME: PRAHA FINANCIAL CONSULTING, LC

TYPE OF FILING: REINSTATEMENT

COST: \$700 + \$5.00 = \$705.00

**RETURN: GOOD STANDING** 

MK



ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGI

Co Hardin