

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000004313

FILED
Feb 03, 2005
Secretary of State

Entity Name: ORION TECHNOLOGY SERVICES LLC

Current Principal Place of Business:

4459 HARBOUR ISLAND DRIVE
JACKSONVILLE, FL 32225

New Principal Place of Business:

6645 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

Current Mailing Address:

4459 HARBOUR ISLAND DRIVE
JACKSONVILLE, FL 32225

New Mailing Address:

6645 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

FEI Number: 52-2185147 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EXLINE, LOUIS
4459 HARBOUR ISLAND DR.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

EXLINE, LOUIS
6645 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 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: LOUIS EXLINE

02/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: EXLINE, LOUIS
Address: 4459 HARBOUR ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EXLINE, LOUIS
Address: 6645 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LOUIS EXLINE

MGR

02/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date