

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000004870

FILED
Oct 12, 2007
Secretary of State

Entity Name: NATIONAL CONSUMER BENEFITS GROUP, LLC

Current Principal Place of Business:

28870 US HWY 19 N
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

8954 EASTMAN DR
TAMPA, FL 33626

New Mailing Address:

FEI Number: 59-3590660 **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:

Name and Address of New Registered Agent:

HEAGNEY, ERIC
MEDICAL DIRECT.COM
414 CINCINNATY PARKWAY
CLEARWATER, FL 33765 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: ERIC HEAGNEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: P () Delete
Name: GIEDER, JAMES P
Address: 8954 EASTMAN DR
City-St-Zip: TAMPA, FL 33626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Delete
Name: HEAGNEY, ERIC
Address: 414 CINCINNATY PKWY
City-St-Zip: CLEARWATER, FL 33765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: ROBLES, ANTHONY
Address: 17106 WHIRLEY RD
City-St-Zip: LUTZ, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES GIEDER

P

10/12/2007

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