

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M00000001000

1. Entity Name
VELOCITY RESEARCH, LLC



FILED
06 NOV -9 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13680 NW 5TH ST
STE 100
FORT LAUDERDALE, FL 33325

Mailing Address
13680 NW 5TH ST
STE 100
FORT LAUDERDALE, FL 33325



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11032006 REIN-LLC CR2E101 (11/05)

4. FEI Number
65-0990693

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES, INC.
350 E. LAS OLAS BLVD
16TH FLOOR
FORT LAUDERDALE, FL 33301

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zip Code
33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jeffrey D. Butterfield*
Signature and printed name of registered agent and fee if applicable.

Jeffrey D. Butterfield
Assistant Secretary

11/9/06
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NATKOW, NEIL A
13680 NW 5TH ST., SUITE 100
SUNRISE, FL 33325 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900081910839
11/17/06--01055--012 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLLINS, KEITH
13680 NW 5TH ST., SUITE 100
SUNRISE, FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Keith Collins (Keith Collins)

11/6/06

954-294-4074

REINSTATEMENT 2006