

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000000984

FILED
Nov 03, 2004
Secretary of State

Entity Name: UNIVERSAL SOLUTIONS OF CENTRAL FLORIDA, L.L.C.

Current Principal Place of Business:

4201 VINELAND ROAD STE.I-6
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4201 VINELAND ROAD STE.I-6
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 55-0815402 **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:

GOSSMANN, MICHAEL J
4201 VINELAND ROAD STE.I-6
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

WEBSTER, ANDREW
4201 VINELAND ROAD STE.I-6
ORLANDO, FL 32811 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: ANDREW WEBSTER

11/03/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: UNIVERSAL SOLUTIONS, OF NORTH AMERI C A, L.L.
Address: 1470 BEN SAWYER BLVD STE.25
City-St-Zip: MOUNT PLEASANT, SC 29464

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: UNIVERSAL SOLUTIONS, OF NORTH AMERI C A, L.L.
Address: 360 CONCORD STREET SUITE 300
City-St-Zip: CHARLESTON, SC 29401

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: WILLIAM S. WESTIN, CORPORATE CONTROLLER

CONT

11/03/2004

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