

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000002416

Entity Name: ACCELA, LLC

FILED  
Sep 30, 2006  
Secretary of State

**Current Principal Place of Business:**

6038 W. LINEBAUGH AVE  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

6038 W. LINEBAUGH AVE  
TAMPA, FL 33625

**New Mailing Address:**

FEI Number: 68-0547388      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:**

HACKETT, JOHN  
6038 W. LINEBAUGH AVE  
TAMPA, FL 33625      US

**Name and Address of New Registered Agent:**

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: JOHN HACKETT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HACKETT, JOHN  
Address: PO BOX 640  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: MGRM ( ) Delete  
Name: MANAGEMENT LOGISTICS, , INC.  
Address: PO BOX 27740  
City-St-Zip: LAS VEGAS, NV 89126

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HACKETT, JOHN  
Address: 6038 W. LINEBAUGH AVE  
City-St-Zip: TAMPA, FL 33625

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN HACKETT

MGR

09/30/2006

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