

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M04000003031

**Entity Name:** THE BOLTON GROUP, LLC

**FILED**  
**Oct 09, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2202 N. WEST SHORE BLVD., STE. 200  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3500 PIEDMONT RD NE  
SUITE 625  
ATLANTA, GA 30305

**New Mailing Address:**

**FEI Number:** 58-2340524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CATES, CYNTHIA L CPA  
2202 N. WEST SHORE BLVD  
SUITE 200  
TAMPA, FL 33607 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: CINDY CATES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JONES, RALPH B  
Address: 3500 PIEDMONT ROAD, STE. 625  
City-St-Zip: ATLANTA, GA 30305

Title: MGRM ( ) Delete  
Name: NIMS, THOMAS J  
Address: 3500 PIEDMONT ROAD, STE. 625  
City-St-Zip: ATLANTA, GA 30305

**ADDITIONS/CHANGES:**

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

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: RALPH B. JONES

MGR

10/09/2007

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